

AMERUS Life Insurance Group

AmerUs Life Insurance Company
611 Fifth Avenue, Des Moines, Iowa 50309
800/800-9882

Indianapolis Life Insurance Company
P.O. Box 14590, Des Moines, Iowa 50306
800/428-7031

Drug Questionnaire

Please check appropriate company. One box must be checked.

Policy _____

Proposed Insured _____ Date of Birth _____

1. In the past 5 years, have you used:
- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) barbiturates, sedatives or tranquilizers habitually? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) LSD, cocaine, marijuana, or any amphetamine? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) heroin, morphine, or other narcotic drug? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) designer drug, street drug, or other non-prescription drug not listed above? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, give details:

Type	How Often Used	Dosage or Amount Used	From	Dates Used	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. (a) Has drug treatment ever been recommended by a physician or other health care provider? Yes No

(b) If treatment received, when? _____

where? _____

name _____

address _____

nature of treatment? _____

name of attending physician? _____

3. Are you now an active member or participant in a support group? Yes No

4. Are you now drug free? Yes No

If yes, state date of last use _____

The above statements and answers are complete and true to the best of my knowledge and belief and will be the basis for and a part of any policy issued or in force.

Date _____ Signature of Insured _____

Agent's Name (please print) _____

Agent's Signature _____ Agent's Telephone No. _____ Area Code _____

