

Life Investors Insurance Company of America
4333 Edgewood Rd. N.E.
Cedar Rapids, Iowa 52499
(319) 398-8511

Peoples Benefit Life Insurance Company
4333 Edgewood Rd. N.E.
Cedar Rapids, Iowa 52499
(319) 398-8511

Transamerica Life Insurance Company
4333 Edgewood Rd. N.E.
Cedar Rapids, Iowa 52499
(319) 398-8511

Supplement to Application dated _____

ALCOHOL QUESTIONNAIRE

1. Do you currently use alcohol? Yes Type _____ Amount/frequency _____
 No Sobriety date _____

2. Have you ever received outpatient and/or inpatient treatment for alcohol abuse/alcoholism? Yes No
(a) Dates treated _____
(b) Type of treatment _____
(c) Name of facility _____

3. Are you active in a support group (i.e. AA)? Yes No
(a) Date last attended _____
(b) How long have you attended _____

4. Do you or have you ever used marijuana, cocaine, or any other drug? Yes No
If yes, please provide details: _____

5. Additional comments: _____

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, _____.

Witness

Signature of Proposed Insured