

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 _____

DRUG QUESTIONNAIRE

Name of Proposed Insured		Date of Birth	
In the past 7 years has the Proposed Insured named above used:	Barbiturates, sedatives or tranquilizers habitually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	LSD, marijuana, or any amphetamine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cocaine, Heroin, morphine, or other narcotic drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the types taken and the periods of use:	Type	Dates Used From _____ to _____	Frequency
	Type	Dates Used From _____ to _____	Frequency
	Type	Dates Used From _____ to _____	Frequency
	Type	Dates Used From _____ to _____	Frequency
	Type	Dates Used From _____ to _____	Frequency
A. Sobriety Date _____			
B. Have you received any inpatient and/or outpatient therapy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, details _____			
C. Are you active in a support group (i.e. AA, NA)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, details _____			
D. Do you currently use alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Amount/Frequency _____			
E. Additional Details:			

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