

**Alcohol Questionnaire** - Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: Male  or  Female  
Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss In Last Year? If so how much \_\_\_\_\_  
Product Desired: Term  Guarantee UL  Index UL  Whole Life  Survivorship Life   
Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_  
Maximum Premium Tolerance Per Year: \_\_\_\_\_  
Has Client Ever Used Any Form Of Nicotine? No  Yes   
Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape  
Frequency: \_\_\_\_\_ Date Last Used \_\_\_\_\_  
Current Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_  
Past Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_

- 1) What was the date of initial of diagnosis and date of initial treatment?  
\_\_\_\_\_
- 2) Any relapses from sobriety/abstinence? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Were there any legal problems such as (DUI) or other? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Have you seen a physician or entered into in/out patient treatment for alcohol use? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Have you ever had employment or financial problems as a results of your alcohol use? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Have you ever had or been made aware of any of the following? elevated liver enzymes, positive alcohol marker, driving under the influence, blackouts, withdrawal seizures, family/friends concerned about drinking habits, or medical complications related to alcohol(heart, etc.) If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Use of any other substances? Such as marijuana, cocaine or prescription pain medications, etc. If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Are you being treated for any other medical conditions? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Please list all current medications, dosages and what condition the medication is treating  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Do you participate in any groups such as alcoholics anonymous? If yes; provide details  
\_\_\_\_\_  
\_\_\_\_\_
- 11) Is there family history of heart disease or cancer?  Yes  No If yes; provide details including relationship to yourself, age of onset, type and current age or date of death  
\_\_\_\_\_  
\_\_\_\_\_

**Please use additional pages if needed**



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