Print Reset

# ALCOHOL USAGE QUESTIONNAIRE

## APPLICANT INFORMATION

NAME OF APPLICANT _____ DATE OF BIRTH DAY MONTH YEAR

## DETAILS

1. Do you presently use alcoholic beverages? ☐ YES ☐ NO If YES, please complete the following:

| QUANTITY: | Beer | Wine | Liquor |
|---|---|---|---|
| Daily | | | |
| Weekly | | | |
| Monthly | | | |

When did you have your last drink?

2. Did you ever drink more than you do at the present? ☐ YES ☐ NO If YES, please complete the following:

Dates: From _____ to _____

| QUANTITY: | Beer | Wine | Liquor |
|---|---|---|---|
| Daily | | | |
| Weekly | | | |
| Monthly | | | |

Why did you change your drinking habits?

3. Have you ever received treatment or been advised to seek medical treatment because of alcohol usage? ☐ YES ☐ NO

If YES, indicate dates, names and addresses of any doctors, hospitals or treatment centers:

Have you consumed any alcohol since treatment? ☐ YES ☐ NO If YES, please provide details:

4. Are you or have you ever been a member of Alcoholics Anonymous or a similar support group? ☐ YES ☐ NO

Have you consumed any alcohol since joining Alcoholics Anonymous? ☐ YES ☐ NO

If YES to either of these questions, please provide details:

5. Have you ever had any driving violations under the influence of alcohol? ☐ YES ☐ NO If YES, please provide details including dates for each occurrence.

6. Please add any additional information you feel is important.

## AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

## SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ DATE

_____ SIGNATURE OF INSURED

**PLEASE RETURN FORM TO:**
**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8**
**TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com**


®Wawanesa Life and the tree logo are registered trade-marks of The Wawanesa Mutual Insurance Company and used under license by The Wawanesa Life Insurance Company.