

## APPLICANT INFORMATION

NAME OF APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DAY MONTH YEAR

## DETAILS

1. Are you now using or in the past, have you ever used the following or similar drugs:

- (a) Opiates: Heroin, Morphine, Methadone, Fentanyl, Hydrocodone, Oxycodone/Percocet?  YES  NO
- (b) Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital?  YES  NO
- (c) Marijuana: Hashish, Cannabis?  YES  NO
- (d) Amphetamines: Dexedrine, Crystal, Ecstasy, MDMA, Speed, Meth?  YES  NO
- (e) Cocaine?  YES  NO
- (f) Hallucinogens: Acid, LSD, PCP, Mescaline, Peyote, Psilocybin, Mushrooms?  YES  NO
- (g) Solvents?  YES  NO
- (h) Anabolic Steroids?  YES  NO

2. If YES to #1 above, please give details:

Type	Usual Quantity	Frequency of Use	Dates: From - To

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

If YES, please provide date, name and address of any doctors and institutions consulted:

Have you used any drugs since treatment?  YES  NO If YES, please provide details:

4. Have you ever been hospitalized or treated for a drug overdose?  YES  NO

If YES, please provide details, date, name and addresses of any doctors and hospitals consulted.

5. Have you ever suffered any medical condition related to your drug use, e.g. hepatitis, HIV, mental disorder?  YES  NO

If YES, please provide details.

6. Have you ever been charged by authorities in connection with drug use, possession, production or trafficking?  YES  NO

If YES, please provide details.

7. Please provide any additional relevant information:

## 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