



Drugs Questionnaire

Application Reference Number

This questionnaire must be completed by the Life Insured because often the information given in the proposal form and/or the medical report is insufficient for underwriting purposes. The information is requested in the utmost good faith without any personal insinuations.

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Date of birth

Address

Information regarding drugs

1 Have you ever used any of the following other than for the treatment of a medical condition and under the proper supervision of your doctor?

1.1	Amphetamines, for example: Ecstasy, Ice, MDMA, Speed, Uppers, appetite suppressors.	Yes	No
1.2	Cannabis, for example: Hashish, Marijuana, Pot, Weed.	Yes	No
1.3	Cocaine, for example: Coke, Crack, Snow.	Yes	No
1.4	Hallucinogens, for example: Acid, Angel Dust, Haze, LSD.	Yes	No
1.5	Mandrax (Methaqualone), for example: Whites, Buttons, Bandits.	Yes	No
1.6	Opiates, for example: Codeine, Heroin, Methadone, Morphine, Opium, Smack, cough remedies.	Yes	No
1.7	Sedatives, for example: Diazepam, Downers, Nitrazepam, tranquilisers, sleeping pills.	Yes	No
1.8	Solvents, for example: glue, aerosols.	Yes	No
1.9	Any other substances, for example: synthetic marijuana, 'legal highs'.	Yes	No

2 *If you have answered 'Yes' to any of the above questions, the following additional information is required:*

2.1 What type of drugs did you use?

2.2 Please state the approximate date when you began to use these drugs.

2.3 Please state the last date on which you used these drugs.

2.4 Do you still use any form of drugs? Yes No

2.5 How often did/do you use drugs?

2.6 Have you ever been involved in any violent act, or did you ever transgress any of the laws of the country or clash with the police as a consequence of your involvement with drugs? Yes No

If you have answered 'Yes', please provide further details.

2.7 Please give the name(s) of any doctor who has provided treatment, or any institutions attended for supervision or detoxification.

Name of doctor(s)/Institution

Address of practice/Institution

2.8 Have you ever suffered from any conditions or impairments associated with drug usage, for example, Hepatitis B or mental illness?

Yes No If you have answered 'Yes', please provide further details.

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

If you require any further details, please ask your financial adviser.
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com