



# Trinity Life Insurance Company

ADMINISTRATIVE OFFICE  
PO BOX 5205 • FRANKFORT, KY 40602-5205  
Phone: (866) 440-1357 • Fax: (502) 227-7205

## DRUG / ALCOHOL QUESTIONNAIRE – COMPLETED BY APPLICANT

NAME	FILE NUMBER	DATE
------	-------------	------

### SECTION 1: QUESTIONS ON DRUG USE

A. In the past 10 years, have you used:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. cocaine or other stimulants?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. marijuana, LSD, or other hallucinogenics?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. heroin, demerol, or narcotics?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. barbiturates, sedatives, or tranquilizers habitually? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

B. List below the drugs taken and the periods of use:

DRUGS	DATES USED		HOW OFTEN
	FROM	TO	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### SECTION 2: QUESTIONS ON ALCOHOL USAGE

A. Have you in the past or do you currently use alcohol to excess?  YES  NO

- Identify year that excess usage began: \_\_\_\_\_
- Frequency of episodes? \_\_\_\_\_
- Date of last episode? \_\_\_\_\_
- Duration of last episode? \_\_\_\_\_

B. Have you ever been treated for alcoholism?  YES  NO

- Dates \_\_\_\_\_
- Number of treatments? \_\_\_\_\_
- Name and address of last facility? \_\_\_\_\_  
\_\_\_\_\_

C. Have you attended AA meetings?  YES  NO

- Date of last attendance? \_\_\_\_\_
- Number of years attended? \_\_\_\_\_
- Frequency of attendance? \_\_\_\_\_

D. Do you use alcohol at this time?  YES  NO

- What kind? \_\_\_\_\_
- How much? \_\_\_\_\_
- How often? \_\_\_\_\_

I hereby represent, to the best of my knowledge and belief, that all the above statements are true, complete, and correctly stated. I agree they will form a part of the application and become a part of any contract of insurance.

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Proposed Insured  
(Applicant, if Proposed Insured is a minor)