PENSIONS
INVESTMENTS
LIFE INSURANCE

Irish Life

DRUGS QUESTIONNAIRE

Application Number:

000092

Name of customer applying for cover

Date of Birth (dd/mm/yyyy)

Financial Adviser

1. Are you now using or have you ever used any of the following? (other than for treatment of a medical condition under proper medical supervision)

- Amphetamines eg 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', etc — Yes ○ No ○
- Barbiturates eg 'Downers', etc — Yes ○ No ○
- Cannabis eg 'Hashish', Marijuana, 'Pot', 'Weed', etc — Yes ○ No ○
- Hallucinogens eg 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' etc — Yes ○ No ○
- Herbs eg catnip, poppy, kavakava, lobelia, etc — Yes ○ No ○
- Opiates eg Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc — Yes ○ No ○
- Sedatives eg Diazepam, 'Downers', Nitrazepam, 'Tranks', etc — Yes ○ No ○
- Solvents eg Aerosols, glue, etc — Yes ○ No ○
- Others — Yes ○ No ○

If yes to any of the above questions, please provide details regarding your usage pattern:

Name of substance	Date of first used	Date ceased	Frequency of use
	dd / mm / yyyy	dd / mm / yyyy	
	dd / mm / yyyy	dd / mm / yyyy	
	dd / mm / yyyy	dd / mm / yyyy	
	dd / mm / yyyy	dd / mm / yyyy	

2. Have you ever injected or used drugs intravenously? Yes ○ No ○

If yes please provide details including dates:

Details	Date
	dd / mm / yyyy
	dd / mm / yyyy
	dd / mm / yyyy
	dd / mm / yyyy

3. Have you ever sought medical treatment or been hospitalised due to drug usage or detoxification or been referred for drugs counselling? Yes ◯ No ◯

If yes please provide details including dates:

Name of doctor, hospital or clinic	Address	Dates
		dd / mm / yyyy
		dd / mm / yyyy
		dd / mm / yyyy

4. Have you suffered from any impairment associated with drug use? Eg hepatitis B, HIV infection, alcohol abuse, mental illness etc.? Yes ◯ No ◯

If yes please provide details:

5. Please provide any additional information which you feel will be helpful in processing your application.

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I agree that this questionnaire will form part of my application for cover to Irish Life Assurance plc.

I have read over the answers to all the questions on this form and declare that all statements (including any statements written down for me) are true and complete. I understand a copy of this form is available to me if I ask.

I understand that I must tell you in writing about any changes in my personal medical circumstances, family history or taking part in dangerous pursuits before this application is accepted.

Please sign and date

Signature ✗

Date (dd/mm/yyyy) / /