American General
Life Companies

Drug/Alcohol Questionnaire
Connecticut Version

☐ **American General Life Insurance Company, Houston, TX**
☐ **The United States Life Insurance Company in the City of New York, New York, NY**
☐ **American General Life Insurance Company of Delaware, Wilmington, DE**

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.
The insurance company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue.
No other company is responsible for such obligations or payments.

Proposed Insured Information

First Name	MI	Last Name	Date of Birth	Social Security #

1. Do you presently use or have you ever used:
   Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no

   If yes, indicate which of the following you use (used):

   ☐ Amphetamines (Benzedrine, Dexedrine, Methedrine, etc.)
   ☐ Cocaine (Cocaine, Crack, etc.)
   ☐ Hallucinogens (LSD, DMT, Peyote, etc.)
   ☐ IV Drugs
   ☐ Marijuana (Hashish, Cannabis, etc.)
   ☐ Opiates (Codeine, Heroin, Methadone, etc.)
   ☐ Beer
   ☐ Wine
   ☐ Liquor

2.

	Drugs	Alcohol
Date(s) last used:		
Amount usually used:		
Frequency of use:	☐ Daily ☐ Weekly ☐ Monthly	☐ Daily ☐ Weekly ☐ Monthly
How long have you used:		

3. Have you ever received medical treatment because of:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, name(s) of doctor/facility, address and dates of treatment: _____
   C. Was your treatment court ordered? ☐ yes ☐ no If yes, provide details: _____
4. Have you ever been convicted (including DWI, DUI, etc.) in connection with:
   A. Drug(s): ☐ yes ☐ no Alcoholic beverage(s): ☐ yes ☐ no
   B. If yes, list date, state, county, conviction and current status: _____
   _____

Agreement: All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

Signed at (city, state) _____

Proposed Insured Signature **X** _____ Date _____