

For customers

Drugs questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Title

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Date of birth (dd/mm/yyyy)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Questions

2.1 Tell us what drug(s) you've used by completing the table below:

	Present use	Past use	
	How many times a month do you use this drug?	How many times a month did you use this drug?	When did you last take this drug?
Amphetamines (for example ecstasy, ice, MDMA, speed, uppers, etc)			
Barbiturates (for example downers, phenobarbitone, etc)			
Cannabis (for example hashish, marijuana, pot, weed, etc)			
Cocaine (for example coke, crack, snow, etc)			
Hallucinogenics (for example acid, LSD, angel dust, haze, microdots, etc)			
Opiates (for example heroin, methadone, codeine, opium, morphine, smack, etc)			
Sedatives (for example diazepam, downers, nitrazepam, tranquillizers, etc)			
Solvents (for example aerosols, glue, etc)			
Psychoactive substances/synthetic drugs (for example herbal highs, party pills, synthetic cannabis, K2, spice etc)			
Performance enhancing drugs (for example anabolic steroids, growth hormone, EPO etc) – give the name of the specific performance enhancing drug(s) used:			
.....			
Other – give name of drug(s)			
.....			

2.2 Have you ever sought medical treatment for drug use or undergone detoxification?

No

Yes – give details, including dates (dd/mm/yyyy) of attendance and name of doctor

2.3 Have you ever taken drugs intravenously?

No

Yes – give details, including source of needles and if needles were ever shared

2. Questions – continued

2.4 Have you ever suffered from any medical condition associated with drug use, for example hepatitis, mental illness, etc?

No

Yes – give details

2.5 Do you drink alcohol?

Yes – what’s your average daily consumption?

No - when and why did you stop? (If you’ve never drunk alcohol, please write ‘Never used’.)

2.6 Have you ever smoked or used any nicotine products, including, but not limited to, cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco?

Yes – tell us the type and average amount you smoke(d) or use(d) a day. For pipe and rolled tobacco, give the number of grammes a day. 1 ounce = 28 grammes. If you’re an ex-smoker, please also tell us the date you stopped

No – we may ask for a simple medical test to confirm this

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren’t true and complete and/or I don’t tell Aegon about any changes before the policy starts, then it **might result in loss or cancellation of the protection**. I confirm that I’ve read over any answers that I didn’t fill in and they’re correct.

Date (dd/mm/yyyy)

Signature

XX

