Manulife

DRUG CONSUMPTION QUESTIONNAIRE

WARNING: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142): YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID

Name of Life Insured: _____ **NRIC:** _____
(To be completed by parent/guardian if the life insured is below 18 years old)

Policy Number: _____

1. What are the drugs you are currently using or have used in the past? Please indicate all that apply :

Part A:

Drug	Date of Use		Usual Quantity/ Dosage	Frequency of Use	Form (oral, injection, inhaled, smoked etc)
	From	To			
☐ Heroin					
☐ Cocaine					
☐ Ice					
☐ Ecstasy					
☐ Crack					
☐ PCP					
☐ LSD					
☐ DMT					
☐ Mescaline					
☐ Peyote					

Part B:

Drug			
☐ Morphine	☐ Codeine	☐ Darvon	☐ Psilocybin
☐ Methadone	☐ Phenobarbital	☐ Marijuana (smoked)	☐ Librium/Valium
☐ Demerol	☐ Pentobarbital/ Nebutal	☐ Marijuana (nebulizer)	☐ Quaalude
☐ Hydrocodone/Vicodin	☐ Secobarbital/ Seconal	☐ Benzedrine	☐ Dalmane
☐ Percocet/Oxycontin/ Oxycodone	☐ Belladonna	☐ Methedrine	☐ Placidyl
☐ Hydromorphone/Dilaudid	☐ Diazepam/Valium	☐ Preludin	☐ Doriden

If you have answered "yes" to a question in Part B above, please provide details:

Drug	Physician Prescribed?	Name and address of doctor who prescribed the drug	Date of Use		Usual Quantity/ Dosage	Frequency of Use	Form (oral, injection, inhaled, smoked etc)
			From	To			
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						

Manulife (Singapore) Pte. Ltd.
Reg. No. 198002116D
8 Cross Street #15-01, Manulife Tower, Singapore 048424 Tel: 67371221 Website: www.manulife.com.sg

2. Have you increased or decreased your drug use? ☐ Yes ☐ No
If **yes**, please provide details including the reason for increase or decrease in usage:

_____

3. Have you ever sought medical treatment because of drug usage? ☐ Yes ☐ No
If **yes**, please provide details:

_____

4. Have you ever been treated at a medical facility, emergency room or urgent care center as a result of drug use? ☐ Yes ☐ No
If **yes**, indicate name and addresses of hospital or treatment centre and date.

_____

5. Are you presently taking, or have you ever taken or been prescribed medication to control drug use? ☐ Yes ☐ No
If **yes**, provide details

_____

6. Have you ever attended a recovery group meeting? ☐ Yes ☐ No
If **yes**, provide name of group and dates attended _____

7. Have you ever been arrested for or convicted of a drug related activity or for driving under the influence of drugs? ☐ Yes ☐ No
If **yes**, provide details _____

8. Has the use of drugs ever interfered with your occupational duties? ☐ Yes ☐ No
If **yes**, provide details _____

9. Are you now drug free? ☐ Yes ☐ No
If **yes** state when usage ceased _____ (mm/yyyy)

10. Do you presently consume alcoholic beverages? ☐ Yes ☐ No

		Beer	Wine	Liquor	Date last consumed
Quantity	**Daily**				
	Weekly				
	Monthly				

11. Did you ever drink substantially more than at present? ☐ Yes ☐ No
If **yes**, please indicate:
i) Dates from _____ to _____

ii)

		Beer	Wine	Liquor	Date last consumed at this level
Quantity	**Daily**				
	Weekly				
	Monthly				

iii) Why did you change your drinking habits?

_____

12. Has any doctor or other medical practitioner, family member or close friend advised you to reduce or stop your alcohol consumption?
If **yes**, please indicate: ☐ medical practitioner details_____
☐ family member details_____
☐ close friend details_____

13. Have you ever consulted a doctor, received treatment or professional advice or been treated at an emergency room or urgent care center or been hospitalized because of your alcohol use? ☐ Yes ☐ No

If **yes**, please complete details:
i) How many hospitalizations : _____
ii) Date of each admission : _____
iii) Duration of admission : _____ (days)
iv) Hospital name : _____
v) Reason of admission : _____

14. Have you ever attended Alcoholics Anonymous (AA) or other recovery group meetings? ☐ Yes ☐ No
If **yes**, provide dates_____

15. Are you presently taking, or have you ever taken or been prescribed Antabuse or any other medication to control your drinking? ☐ Yes ☐ No
If **yes**, provide details _____

16. Have you ever been arrested for driving under the influence of alcohol? ☐ Yes ☐ No

17. Please provide any additional information on your condition which will be relevant in processing your application: _____

Please attach copies of all available investigation reports to this questionnaire.

If a material fact is not disclosed in this Application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

_____ _____
Signature of Life Insured/Owner Date

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)

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