

SUPPLEMENT TO APPLICATION ALCOHOL USAGE QUESTIONNAIRE

- ☐ ReliaStar Life Insurance Company, Minneapolis, MN
☐ Security Life of Denver Insurance Company, Denver, CO
For Policyowner Service Use Only:
☐ ING USA Annuity and Life Insurance Company, Des Moines, IA
☐ Midwestern United Life Insurance Company, Fort Wayne, IN

Administrative Office
 for all Companies:
 ING Service Center
 2000 21st Ave. NW
 Minot, ND 58703

Name of Proposed Insured

Date of Birth

1. Do you presently use alcoholic beverages? ☐ Yes ☐ No

If "Yes", quantity (ounces):

	Beer	Wine	Liquor
Daily			
Weekly			

2. Did you ever drink substantially more than at present? ☐ Yes ☐ No

If "Yes", quantity (ounces):

	Beer	Wine	Liquor
Daily			
Weekly			

Why did you change your drinking habits?

3. Have you ever consulted a physician or received treatment or advice or been hospitalized because of your alcohol use? ☐ Yes ☐ No

List dates, hospitals, treatment centers, and physicians' names and addresses.

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

5. Are you now a member of AA? ☐ Yes ☐ No

Have you attended and then left AA? ☐ Yes ☐ No

Reason

6. How long have you totally abstained from alcohol usage?

7. Please add any additional information which you feel is important concerning your use of alcohol before and/or after treatment.

I have read the above questions and answers. I affirm that they are complete and true to the best of my knowledge and belief. I agree that this questionnaire is a part of my application for life insurance.

Signature of Proposed Insured

Dated at

City/State

on

Month

Day

20

Year