

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 _____ on _____ 20____
City/State Month Day Year