

SUPPLEMENT TO APPLICATION DRUG USAGE STATEMENT

- ☐ 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

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever used, or do you now use: | | |
| a. Opiates (codeine, heroin, methadone)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Barbiturates (amytal, phenobarbital)? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Non-Barbiturates (placidyl, doriden)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Amphetamines (benzedrine, dexedrine, preludin)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Anticholinergics (belladonna, bromides, or cocaine)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hallucinogens (LSD, peyote, psilocybin)? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cannabis (marijuana, hashish)? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain

2. Have you changed your pattern of drug use? ☐ Yes ☐ No

If "Yes", why?

3. Have you ever consulted a physician or received treatment or advice or been hospitalized for this use? ☐ Yes ☐ No

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

4. Have you ever been arrested in connection with drug use or possession? ☐ Yes ☐ No

Explain

5. How long have you totally abstained?

6. Please add any additional information which you feel important to explain your situation.

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