

SUPPLEMENT TO INDIVIDUAL LIFE INSURANCE APPLICATION ALCOHOL USAGE QUESTIONNAIRE (FL)

- ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401
- Security Life of Denver Insurance Company, 8055 East Tufts Ave., Suite 650, Denver, CO 80237



For Policy Owner Service Use Only:

- Voya Insurance and Annuity Company**, Des Moines, IA
- Midwestern United Life Insurance Company**, Fort Wayne, IN

A member of the Voya family of companies
Customer Service: PO Box 5033, Minot, ND 58702-5033

Proposed Insured Name (please print) _____ Birth Date _____

1. Do you drink alcoholic beverages? Yes No

If "Yes," quantity in ounces:

	Beer	Wine	Liquor
Daily			
Weekly			

2. Did you ever drink substantially more than you do now? Yes No

If "Yes," when? _____ to _____ (month/year)

If "Yes," former consumption
in ounces:

	Beer	Wine	Liquor
Daily			
Weekly			

3. Have you ever consulted a physician or licensed member of the medical profession, regarding a diagnosis, treatment of your alcohol use, or been hospitalized because of your alcohol use? Yes No

If "Yes," list dates, hospitals, treatment centers, and names and addresses of medical professionals. _____

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

If "Yes," provide dates, charges and resolution. _____

5. Are you currently a member of Alcoholics Anonymous (AA)? Yes No

6. Were you previously a member of AA but currently are not a member? Yes No

If "Yes," please provide the reason(s) that you stopped participating in AA. _____

7. How long have you totally abstained from drinking alcoholic beverages? _____

8. Please add any information that 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Proposed Insured Signature _____ Date _____