



NASSAU

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company

PO Box 22012
Albany, NY 12201-2012

Drug Questionnaire

Name	First	M.I.	Last	Date of Birth
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1a. Are you now using or in the past have you used any of the following drugs or their derivatives?

- Marijuana , Hashish ☐ Yes ☐ No
- Cocaine, Crack ☐ Yes ☐ No
- Hallucinogens (including LSD, PCP, Mescaline, Peyote) ☐ Yes ☐ No
- Opium/Heroin ☐ Yes ☐ No

1b. Have you ever used any of the following other than those prescribed by a physician?

- Sedatives/Tranquilizers (including: Librium, Valium, Quaalude) ☐ Yes ☐ No
- Amphetamines (including: Benzedrine, Dexadrine, Ice) ☐ Yes ☐ No
- Barbituates (including: Seconal, Nembutal, Phenobarbitol) ☐ Yes ☐ No
- Narcotics (including: Morphine, Demerol, Methadone, Codeine, Percodan) ☐ Yes ☐ No

2. Please provide details to all "Yes" answers in 1a and 1b; include specific drug, quantity used, frequency of use, date last used, name and address of prescribing physician (if applicable):

3. Have you ever sought or been advised to seek treatment because of drug usage?

☐ Yes ☐ No

If "Yes", provide names, dates and addresses of all doctors and institutions consulted.

4. Have you ever been cited or convicted of driving under the influence of any of the above substances?

☐ Yes ☐ No

If "Yes", when and in what state

5. Have you ever been cited or convicted for possession or sale of any of the above substances?

☐ Yes ☐ No

If "Yes", when and in what state

6. Are you currently active or have you been active in a support group?

☐ Yes ☐ No

If "Yes", provide name of group, how often you attend meetings, and how long you have been attending meetings.

Using a supplemental page, please add any additional information which you feel is significant regarding your use or treatment of drugs.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature of Proposed Insured

Date

Return to Underwriting Department