POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N Milwaukee Ave • Chicago IL • 60642-4101

DRUG USAGE QUESTIONNAIRE

Instructions:

All areas to be completed by the Proposed Insured. If an area is not applicable, please mark "NA". When complete, please return to our Home Office. This is not an offer nor a guarantee of insurance. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at www.PRCUA.org.

PROPOSED INSURED'S FIRST (MI) LAST NAME _____ DATE OF BIRTH – (MONTH/DAY/YEAR) _____ CERTIFICATE NUMBER _____

1. Have you ever used amphetamines, barbiturates, cocaine, codeine, crack, ecstasy, heroine, marijuana, methadone, LSD, PCP, or other illegal, restricted or controlled substances, except as prescribed by a licensed physician? ☐ Yes ☐ No
(if yes, specify date of use)

FROM DATE OF FIRST USE - TO DATE OF LAST USE _____ NAME OF DRUG USED _____

AMOUNT OF USE _____ Frequency: ☐ Daily ☐ Weekly ☐ Monthly

2. Have you ever had employment, financial or family problems as a result of your drug use? (if yes, specify details) ☐ Yes ☐ No

3. Have you ever been charged with driving under the influence or had any other traffic violation(s) and/or accident(s) where drug use was involved? (if yes, specify details) ☐ Yes ☐ No

4. Have you ever consulted a physician, received treatment or advice, or been hospitalized because of your drug use? ☐ Yes ☐ No
(if yes, specify date, hospital or treatment center and physician's names and addresses)

5. Have you ever participated in a support group, such as Narcotics Anonymous? (if yes, specify support group name) ☐ Yes ☐ No

6. Please provide any additional information which you feel is important to clarify the requested information herein:

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT THEY SHALL FORM PART OF MY APPLICATION FOR INSURANCE.

☒ _____ PROPOSED INSURED'S SIGNATURE _____ DATE

☒ _____ WITNESS' SIGNATURE _____ DATE