UV INSURANCE

INDIVIDUAL INSURANCE

Drug Use Questionnaire

EQC043

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract number _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. When did you start using drugs? Y M D
2. What drugs have you used in the past or are you currently using?

a) **Opium, Heroin** (skag, junk, horse, H, smack) morphine, codeine, Demerol, methadone ☐ Yes ☐ No

b) **Barbiturates** (goof balls, downers, barbs, reds, yellow, jackets, candy, etc.) Amytal, phenobarbital, Deconal, Nembutal, pentobarbital ☐ Yes ☐ No

c) **Cannabis** (marijuana, mary-jane, pot, grass, weed, joint, hashish, hemp, etc.) ☐ Yes ☐ No

d) **Amphetamines** (speed, uppers, pep pill, wake-up, etc.) Benzedrine, Dexedrine, methylene ☐ Yes ☐ No

e) **Cocaine** ☐ Yes ☐ No

f) **Hallucinogens** (mescaline, LSD (acid), DMT, peyote, psilocybin) ☐ Yes ☐ No

g) **Anabolic steroids** ☐ Yes ☐ No

h) **Ecstasy** ☐ Yes ☐ No

i) **Other** ☐ Yes ☐ No

3. Please provide details for your "**Yes**" answers:

Gender	Dose or quantity	Frequency of use	Period (from)	Period (to)
			Y M D	Y M D
			Y M D	Y M D
			Y M D	Y M D

4. Have you ever been treated for drug use? ☐ Yes ☐ No

If **Yes**, please specify:

Date	Physician's name	Address of hospital or treatment centre
Y M D		
Y M D		

Section C – Questionnaire (cont'd)

5. If you no longer use drugs, why did you stop? _____

6. Do you intend to use drugs in the future? ☐ Yes ☐ No

7. Are you a member of NA (Narcotics Anonymous) or other organizations? ☐ Yes ☐ No

8. Have you ever been treated for hepatitis B or C? ☐ Yes ☐ No If **Yes**, details: _____

9. Please provide any additional information that you feel is important.

Section D – Consent and Signatures

The information disclosed on this questionnaire will be shared with the UV Insurance staff responsible for processing your application and with any other person authorized by law.

If any of your personal information is inaccurate, incomplete or unclear, you may have it corrected by submitting a request to UV Insurance.

Furthermore, upon request, you have the right to be informed of how we use your personal information.

For further details, please visit our website and consult our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

I, the undersigned and person to insure, declare that the above information is complete and accurate and that it will form part of my insurance application with UV Insurance.

X _____ _____ Date Y M D

Signature of person to be insured | Signatory's name in block letters

X _____ _____ Date Y M D

Owner's signature (required if insured under age) | Signatory's name in block letters

Send the form to the following email address: ind.client@uvinsurance.ca
P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990
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