

Farmers New World Life Insurance Company

Life Home Office: 3120 139th Ave SE Suite 300, Bellevue, WA 98005 / 1-800-238-9671
Mailing address: PO Box 248831, Oklahoma City, OK 73124
Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 / 1-877-376-8008
Index UL Service Center: PO Box 725409, Atlanta, GA 31139 / 1-888-794-0608



Drug Usage Questionnaire

Proposed Insured/Insured: Joshua Smunk Policy Number: 003113946

A Drug Usage History

- 1a. Have you ever used, or been treated by a member of the medical profession for the use of amphetamines, barbiturates, cocaine, marijuana, opiates, hallucinogens or any other illegal drugs? Yes No
- b. Have you ever been treated by or consulted a member of the medical profession for abuse of prescription drugs? Yes No

If "Yes" to either question above, please complete the following:

What drug(s) have you used or do you currently use?

Marijuana Edibles

What is the frequency of use? 2x/month

When did you first use the drug(s)? 2020

When did you last use the drug(s)? Nov. 2021

Name, address and telephone number of medical provider or treatment facility:

Date(s) of treatment:

2. Are you attending or have you attended any type of self-help organization for drug usage? Yes No

If "Yes," name of organization: _____

Date of first attendance: _____ Date of last attendance: _____

3. Have you ever lost time from work due to drug usage? Yes No

If "Yes," please provide details:

Date(s) of lost time: _____ Amount of time lost: _____

A Drug Usage History (continued)

4. Have you ever been convicted of:
 a. Drug possession? Yes No b. Drug use?..... Yes No c. Sale of any type of drug?.... Yes No

If "Yes," please provide details:

Date(s) of conviction(s):	Duration of sentence(s):	Name/Type of drug(s):	City(ies) and State(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you ever had a driver's license suspended or revoked as a result of a drug-related offense? Yes No

If "Yes," please provide details:

Date(s):	Type(s) of offense(s):	State(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please include any additional information related to drug usage:

7. Have you, in the past six months, consulted with or been treated by a member of the medical profession for any cause other than the insurance medical examination, if any? Yes No

If "Yes," please provide details. Include the physician or medical practitioner's name, address and telephone number; reason for visit(s); date(s) of visit(s); and list any medications, tests and treatments prescribed:

B Acknowledgement & Authorization Signatures

I understand that portions or all of the data collected to create this Drug Usage Questionnaire (Questionnaire), including my signature, may be transmitted by electronic means and/or retained in electronic format. By signing below, I consent to this transaction by electronic means and confirm that I have not withdrawn my consent. I will receive a copy of this Questionnaire, which will become part of the Policy Contract, if issued. In the event this Questionnaire is completed with the Application for Policy Change/Reinstatement, I will receive a copy of this Questionnaire if the request is approved. I will also receive a copy upon receipt of a written request directed to Farmers New World Life Insurance Company.

I have read the completed Questionnaire, or have had it read to me, and agree that all the statements and answers are true and complete to the best of my knowledge and belief; and will be relied upon to determine my insurability.

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured/Insured – (or Parent/Legal Guardian if Proposed Insured/Insured is a juvenile)

X _____ Date 4-13-2022

X _____ Date _____

Signature of Insurance Producer

X _____ Date 4-13-2022

1380 AH
Agent Code Number