DRUG QUESTIONNAIRE

(To be completed by the Life to be Insured)

Please check all details, then complete the relevant areas of the form and return it to:
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

	Full Name:		Date of Birth:	
	Proposal Number:		Dated:	
1	Have you ever used any of the following other than for treatment of a medical condition under proper medical supervision?			
	Dates from / /		To / /	
	(a) Opiate e.g. heroin, methadone, morphine, etc?		☐ No	☐ Yes
	(b) Barbiturates, e.g. amytal, tuinal, etc?		☐ No	☐ Yes
	(c) Sedatives, e.g. heminevrin, etc?		☐ No	☐ Yes
	(d) Amphetamines, e.g. Benzedrine, bexedrine, etc?		☐ No	☐ Yes
	(e) Cocaine?		☐ No	☐ Yes
	(f) Hallucinogens, e.g. LSD, etc?		☐ No	☐ Yes
	(g) Cannabis, e.g. marijuana, hashish, etc?		☐ No	☐ Yes
	(h) Solvents, e.g. glue, etc?		☐ No	☐ Yes
	(i) Others?		☐ No	☐ Yes
	Answer:			
	Please give the name(s) of any doctors attended for supervision/detoxification.			
	Name of Doctor:			
	Address:			
	Date consulted:			
	Name of Doctor:			
	Address:			
	Date consulted:			
	Name of Doctor:			
	Address:			
	Date consulted:			
2	Have you suffered from any impairment associated with drug usage, e.g. hepatitis B, mental illness, etc?			

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at: