



financial life

A Fraternal Benefit Society

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MARIJUANA USE QUESTIONNAIRE

TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

1) Do you currently use marijuana? Yes No

2) How is marijuana used? (Check all that apply)

SMOKING VAPORIZING CAPSULE EATEN OTHER

3) Provide amount and how often marijuana is used in the past five years:

QUANTITY

HOW OFTEN

METHOD / TYPE

4) Reason for using marijuana? RECREATIONAL MEDICINAL

5) If medicinal, please provide specific disease or condition for marijuana use.

6) Please provide any additional details that could help us understand your disease or condition:

I understand that this declaration will be relied upon by the 1891 Financial Life in determining my insurability. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. I declare that the above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured Date

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery

