



NASSAU RE

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company

PO Box 22012
Albany, NY 12201-2012

Alcohol Questionnaire

Name	First	M.I.	Last	Date of Birth
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1. Do you now use alcoholic beverages?

Yes No

If Yes, please complete the following:

	Liquor	Beer	Wine
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Quantity Daily: _____

Quantity Weekly: _____

Dates:

From _____ to _____.

2. Did you ever drink substantially more than you do now?

Yes No

	Liquor	Beer	Wine
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Quantity Daily: _____

Quantity Weekly: _____

Dates:

From _____ to _____.

3. Why, or under what circumstances, did you alter your drinking pattern?

4. Have you ever consulted a physician, or other healthcare provider, or received treatment as a result of your alcohol use or any associated health problems? Yes No

If Yes, please complete the following:

Number of times treated, dates and nature of treatment including medication(s).

Name and address of physician(s), hospitals or treatment center(s) involved: _____

5. Has a physician or other health care provider ever advised you to reduce your consumption of alcohol? Yes No

If yes, please provide details. _____

6. Are you or have you ever been a member of AA or a similar support group? Yes No

Currently, how frequently do you attend meetings? _____

Dates: from _____ to _____.

Date last meeting attended _____

7. Were you ever cited or convicted of driving under the influence of alcohol? Yes No

If yes, when and in what state _____

Using a supplemental page, please add any additional information which you feel is significant regarding your use or treatment of alcohol. _____

Signature of Proposed Insured

Date