

Name

Application Number:

Are you now using, or have you ever used, any of the following, other than for treatment of a medical condition under proper medical supervision?

1. Amphetamines eg "Ecstasy", "Ice" MDMA, "Speed", "Uppers", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Barbiturates eg "Downers", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Cannabis eg "Hashish", Marijuana, "Pot", "Weed", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Cocaine eg "Coke", "Crack", "Snow", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Hallucinogens eg "acid", "Angel Dust", "Haze", LSD, "Microdots", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Herbs eg Catnip, Poppy, Kavakava, lobelia, etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
7. Opiates eg Codeine, Heroin, Methadone, Morphine, Opium, "Smack", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
8. Sedatives eg diazepam, "Downers", Nitrazepam, "Tranks", etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
9. Solvents eg Aerosols, glue etc	No <input type="checkbox"/> Yes <input type="checkbox"/>
10. Others	No <input type="checkbox"/> Yes <input type="checkbox"/>

If "Yes" to any of the above, please provide full details including name of drug, dates when usage commenced and ceased, frequency of use and dosage


Have you ever suffered from any impairments associated with drug usage, eg hepatitis B & C, HIV infection, mental illness etc?

No <input type="checkbox"/> Yes <input type="checkbox"/>	Give details	<input type="text"/>

Are you now drug-free?

No <input type="checkbox"/> Yes <input type="checkbox"/>	If YES, please state when usage ceased.

Please provide any additional information which you feel will be helpful in processing your application.


*Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.*

## DECLARATION AND SIGNATURE

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

	<input type="text"/>
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Please return the completed form to:

**TOWER Australia**  
**GPO Box 5380**  
**Sydney NSW 2001**