Standard Insurance Company

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Reset

Mental Health Questionnaire Application Supplement

This application supplement is attached to and made part of the application for insurance. In this application supplement, "you" and "your" mean the proposed insured.

Proposed Insured	Birth Date

1. To the best of your knowledge, in the last 10 years have you been diagnosed as having, been treated for, or been given advice by a medical or mental health professional for any mental, emotional, behavioral or psychological disorder? ☐ Yes ☐ No
   If Yes, please check all that apply and provide dates.

Diagnosis	Date of first appointment or consultation	Date of last appointment or consultation
☐ Depression or Depressive Disorders		
☐ Anxiety or Anxiety Disorders		
☐ Adjustment Disorder		
☐ Nervousness or Stress		
☐ Obsessive-Compulsive Disorder		
☐ Attention Deficit Disorder (ADD)		
☐ Post-traumatic Stress Disorder (PTSD)		
☐ Bulimia or Anorexia Nervosa		
☐ Personality Disorders		
☐ Other:		
☐ Other:		

For any condition checked in question 1 above, please complete numbers 2 through 4. Use Number 5, Remarks, if you need more space.

2. Has treatment included counseling or therapy? ☐ Yes ☐ No
   Names and addresses of physicians, therapists or counselors:

   _____

   _____

   _____

   _____

3. Has treatment included the use of prescription medications? ☐ Yes ☐ No
   If Yes, please complete the following:

Name of Medication	Dosage and Frequency	Date First Used	Date Last Used

Name and address of prescribing therapist or medical professional, if other than as named in question 2 above:

_____

_____

_____

_____

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4. In the last 180 days, have you missed more than four consecutive work days for any of the above conditions?..... ☐ Yes ☐ No
   If Yes, please provide dates and details:

   _____

   _____

   _____

5. **Remarks.** (Use this space for any additional information or details regarding any of the above questions.)

   _____

   _____

   _____

   _____

   _____

I Represent That: All answers in this application supplement are true and complete to the best of my knowledge and belief; and they are correctly recorded; and any and all answers I have provided to any Standard representative are recorded in this application.

NOTE: Providing a false statement in an application for insurance shall bar your right to recovery under the policy if such false statement was made with the intent to deceive or if it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

_____ Signed at _____ on _____
Signature of Proposed Insured City, State Date

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