

Epilepsy questionnaire

Application number:

Person to be Insured:

1) Please advise date of first epileptic fit or blackout.

2) Please advise:

(a) Type of epilepsy diagnosed, eg. Grand Mal, Petit Mal, Temporal Lobe etc.

(b) Number of attacks/fits you experience per year.

(c) When did you last have an attack/fit?

(d) When do these attacks/fits usually occur, eg. during sleep, after alcohol consumption etc.

(e) Do you lose consciousness?

 Yes No

3) Are you currently on medication for this condition?

 Yes No

(a) If 'yes', please advise type and dosage

(b) If 'no', please advise if you have ever been on medication and date ceased?

4) Please advise if you have undergone any investigations, eg. EEG, CT Scan or other diagnostic procedure?

 Yes No

If 'yes', please advise date(s), type and result(s).

5) Have you ever been in hospital or received emergency treatment for anything related to this condition?

 Yes No

If 'yes', please advise date(s), duration and name of hospital.

6) Have you ever been off work or had your normal daily activities restricted in any way due to this condition?

 Yes No

If 'yes', please advise when and for how long.

- 7) Have you any ongoing effects or restriction to your daily activities of any kind? Yes No
 If 'yes', please provide details.
- 8) Have you ever consulted a specialist for this condition? Yes No
 If 'yes', please advise name and address and date last consulted.
- 9) Are you licensed to drive a motor vehicle? Yes No
- 10) Does your usual doctor have details of this condition? Yes No
 If 'no', please advise name and address of doctor who has full details.
- 11) Since the date of your application have you suffered from any sickness or injury or had reason to receive medical attention or advice? Yes No
 If 'yes', please provide details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.
- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above 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 application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date

 / /