

Epilepsy Questionnaire

Name

DOB

Gender

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
Type of seizure:	<input type="checkbox"/> Complex/Partial Seizure <input type="checkbox"/> Tonic-Clonic Seizure <input type="checkbox"/> Absence Seizure <input type="checkbox"/> Myoclonic Seizure
Provide the frequency and severity of the seizures:	
Provide the date of last episode:	
Has the client ever been hospitalized due to epilepsy or seizure? If so, provide the date of the last hospitalization:	
Medication being taken (provide dosage and frequency):	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	
Other information:	

Please return the completed form to your financial professional.

All quotes are tentative and are NOT BINDING and SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process.