Underwriting Questionnaire **Epilepsy/Seizure Disorder**

HH Truist Life Insurance Services

Producer Name Ph	one	Date	_
Client Name Da	ite of Birth		
☐ Male ☐ Female Face Amount	Max Premiu	um \$ /yr.	
☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No			
Frequency Date of	last use	Type	
Date of diagnosis Date of last episode			
Type of epilepsy or seizure diagnosed Generalized seizures Sleep epilepsy Traumatic epilepsy Television epilepsy "Single Fit"			
What terms have been used to describe the character of the epileptic or seizure attack(s) (select all that apply) Grand mal Petit mal Partial seizure-complex Partial seizure-simple Focal seizures: Motor Sensory Temporal lobe Centrencephalic seizures: Absence attacks Myoclonus seizures Atonic spells Other			
Frequency of the epileptic episodes			
Name of Medication (prescription or otherwise)	Dates Used	Quantity Taken	Frequency Taken
Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery			
☐ Hospitalization (due to condition) ☐ ER visits (due to condition) If yes, date(s)			
Does the client drive a motor vehicle? Yes No Occupation			
Does the client engage in any hazardous activities? Yes No If yes, describe			
List any other major health problems the client has:			

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