

Agent: _____ **Phone:** _____ **Fax:** _____

Proposed Insured Name: _____ (M or F): _____ Age: _____

Face Amount: _____ Max Premium \$: _____ /year Type: (UL, WL, Term, or Survivorship) _____

Do you currently smoke cigarettes? (Y or N): _____ If no, did you ever smoke: (Y or N): _____ Quit date: _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...):

If Yes, please provide details: _____

When did you last use any form of tobacco: (Month) _____ (Year) _____ Type used last: _____

Date of Diagnosis: _____ Date of last episode: _____

To all following questions, Y or leave blank:

What type of epilepsy or seizure has been 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 attacks?

Grand mal _____ Petit normal _____ Partial seizure-complex _____ Partial seizure-simple _____ Myoclonus _____

Motor _____ Sensory _____ Temporal Lobe _____ Absence Attacks _____ Temporal Lobe _____

What type of symptoms accompany the epileptic episodes?

Unconsciousness _____ "Clouded consciousness" _____ Uncontrolled twitching movements _____ Deep Sleep _____

How frequent are the epileptic episodes?

- _____ One episode only
- _____ Several episodes but clustered in a very short period of time and none since that time
- _____ Less than 1 per year
- _____ 1-3 per year
- _____ 4 more per year _____ per month _____ per week _____ per day

Name of medication (Prescription or Otherwise)	Dates Used:	Quantity Taken:	Frequency Taken:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the proposed insured drive a car? _____

What is the occupation of the proposed insured? _____

Does the proposed insured engage in any hazardous activities? If Y, please describe: _____

Please list any other medical information that may help provide a more realistic preliminary assessment: _____
