BROOKFIELD PARTNERS

Epilepsy / Seizure Disorder Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. What type of epilepsy/seizure disorder does the proposed insured have?

- ☐ Generalized Seizures Date of diagnosis:
- ☐ Sleep Epilepsy Date of diagnosis:
- ☐ Traumatic Epilepsy Date of diagnosis:
- ☐ Television Epilepsy Date of diagnosis:
- ☐ Single “Fit” Date of diagnosis:

2. When was the proposed insured’s last seizure?

3. What terms have been used to describe the character of the seizures? (Check all that apply.)

- ☐ Grand mal ☐ Petit mal ☐ Partial seizure ☐ Motor
- ☐ Sensory ☐ Temporal Lobe ☐ Absense attacks ☐ Atonic
- ☐ Myoclonus seizures
- ☐ Other

4. What type of symptoms accompany the episodes? (Check all that apply.)

☐ Unconsciousness ☐ Uncontrolled twitching ☐ Deep sleep

5. How frequent are the seizures?

6. Has any surgical procedure been recommended? ☐ Yes ☐ No

If yes, provide details:

7. Does the proposed insured drive a car? ☐ Yes ☐ No

8. Is the proposed insured current taking any medication(s)? ☐ Yes ☐ No

If yes, provide name, dosage and frequency of medication(s)