

Client Name: _____ Date of Birth: _____

 Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

 Never Type: Term UL IUL
 Former Date Stopped: _____ WL VUL Survivorship
 Current Type: _____ Face Amount: _____

Premium Tolerance: _____

Proposed Insured's Existing Insurance

Insurance Company	Face Amount	Year Issued	Replacement (Yes/No)

1. Date of Diagnosis _____

2. Indicate the type of seizure:

-
- Complex/partial seizure
-
-
- Tonic-clonic seizure
-
-
- Absence seizure
-
-
- Myoclonic seizure

3. Indicate the number or frequency of episodes and date of last episode:

4. Has client been hospitalized for treatment of epilepsy? (give details)

-
- No
-
- Yes; please give details

5. Please list current medications

Name of Medication	Dosage	Reason

6. What is client's occupation? _____

 7. Are there any other health issues? (Additional Questionnaires may be required) No Yes

If yes, please provide details: