



Epilepsy supplementary statement

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer each question and where appropriate provide particulars.

1 When did you have your first seizure?

Date / /

2 When was your most recent seizure?

Date / /

3 How many seizures do you have in a year?

Number

4 When do the seizures usually occur? (e.g. day, night, after excitement or alcohol)

5 Please state the number of seizures you have had in each of the categories below:

a) Grand mal:

b) Petit mal:

6 Are you at present under treatment?

Yes

No

If yes, please give names of current medication:

If no, when did this cease:

Continued overleaf

7 Have you ever had an EEG, or CT Scan or other investigations?

Yes, please give details

No

Please advise details including dates and results.

8 Are you limited in your ability to do your work or to carry out your usual daily activities as a result of your condition?

Yes, please give details

No

9 Please state names, addresses and approximate dates of all doctors consulted for treatment of epilepsy.

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not be any change in my health, occupation or pastimes since completing my application for insurance.

Name of life insured:

Date:

Signature:

How to contact Macquarie

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