

For customers

Epilepsy questionnaire

To be completed by the insured person.

Please complete in BLOCK CAPITALS and in ballpoint pen.

1. Insured person's details

Policy/Reference number

Surname

Title

Date of birth (dd/mm/yyyy)

Full forename(s)

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

2. Medical questions

2.1 Please give the date and nature of the initial medical diagnosis.

2.2 Have you had any investigations?

 No Yes – please give details, including dates and results

2.3 Are your attacks petit mal or grand mal?

2.4 How long does each attack last?

2.5 On average, how many attacks do you have each year?

2.6 When was your last attack? (dd/mm/yyyy)

2.7 Does anything cause your attacks?

2. Medical questions – continued

2.8 Please give details of your current medication, including how often you take it.

2.9 What medication have you received in the past?

2.10 Are you having regular follow-up checks?

- No
- Yes – please tell us how often and who with

2.11 Are you permitted to hold a UK driving licence?

- Yes
- No

2.12 Can you give us any more information that might help us to consider your application?

3. Declaration

I acknowledge this questionnaire forms part of my application. To the best of my knowledge, the information and statements made in this questionnaire are true and complete. If the statements aren't true and complete and/or I don't tell Aegon about any changes before the policy starts, then **it might result in loss or cancellation of the protection.** I confirm that I've read over any answers that I didn't fill in and they're correct.

Date (dd/mm/yyyy)

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Signature

X	X
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