Manulife

EPILEPSY QUESTIONNAIRE TO BE COMPLETED BY PROPOSED LIFE ASSURED

IMPORTANT NOTE: YOU ARE REQUIRED TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE INVALIDATED.

Proposed Life Assured : _____

Policy No. : _____   **IC NO. :** _____

Age : _____

We would appreciate if you could kindly complete this questionnaire

1. **When did you first have an epileptic fit or blackout?**
   _____

2. **When did you have your last fit or blackout?**
   _____

3. **How many attacks do you have per year?**
   _____

4. **Please indicate the type of epilepsy that you suffer from.**
   ☐ Grand mal   ☐ Petit mal   ☐ Temporal lobe   ☐ Tonic-clonic   ☐ Type unknown   ☐ Others _____

5. **When do you have these fits or blackouts? Give full details.**
   ☐ During day or at night   ☐ after excitement   ☐ after taking alcohol
   ☐ after prolonged mental anxiety   ☐ any other precipitating factors _____

6. **How long do the attacks last?**
   _____

7. **Do you lose consciousness?**
   ☐ No   ☐ Yes - please provide details _____

   Is it only a passing dizziness or fainting?
   ☐ No   ☐ Yes - please provide details _____

8. **If you do lose consciousness, how long does it last?**
   _____

   Are you disoriented after a fit?
   ☐ No   ☐ Yes - please provide details _____

9. **Have you ever injured yourself as a result of a fit or blackout?**
   ☐ No   ☐ Yes - please provide details _____

10. **Does this condition influence any aspect of your occupation?**
    ☐ No   ☐ Yes - please provide details _____

11. **Have you ever been unable to work due to this condition?**
    ☐ No   ☐ Yes - please provide details _____

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12. How long after a fit can you continue with your normal activities?

_____

13. Are you licensed to drive a motor vehicle?

☐ No   ☐ Yes

Are your activities restricted in any other way?

☐ No   ☐ Yes - please provide details _____

14. Please state any treatment you may have had, as well as any tablets taken _____

_____

15. Have you had any investigations, e.g. electroencephalograph (EEG), CT scan?

☐ No   ☐ Yes - please provide details _____

16. Please state name(s) and address(es) of doctor(s) consulted _____

_____

DECLARATION AND AUTHORIZATIONS

I hereby declare that the above particulars and answers are complete and true and that together with the other information provided by me they will form the basis of the contract between myself and Manulife Insurance Berhad. I also declare that my misrepresentation or concealment of material facts shall render my policy and any attaching supplementary contracts if issued null and void.

Date : _____

_____   _____
Signature of Life Proposed   **Signature of Agent as Witness**