Producer Name Phone Date Client Name Date of Birth	Underwriting Questio Epilepsy/Seizur					Uniceruniting
Male Female Face Amount Max Premium \$/yr. Image: Term Permanent Has the client ever used any form of tobacco (cigarsttes, cigars, pipe, snuff, etc.)? Image: Type Date of diagnosis	Producer Name	Pho	one	Date		
Image: Term Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Image: Term Image: Term Image: Term Image: Term Image: Term Term Term Term Image: Term Image: Term Term Term Term Term Term Image: Term	Client Name	Da	te of Birth			
Frequency Date of last use Type Date of diagnosis Date of last episode Type of epilepsy or seizure diagnosed Generalized seizures Sleep epilepsy Traumatic epilepsy Television epilepsy "Single Fit" What terms have been used to describe the character of the epileptic or seizure attack(s) (select all that apply) Grand mal Petit mal Partial seizure-complex Sensory Temporal lobe Focal seizures: Motor Sensory Generalized Seizures Absence attacks Myoclonus seizures Atonic spells Other Sensory Dates Used Quantity Taken Frequency Taken Name of Medication (prescription or otherwise) Dates Used Quantity Taken Frequency Taken Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery Hospitalization (due to condition) ER visits (due to condition) If yes, date(s) Sensory Sensory Does the client drive a motor vehicle? Yes No If yes, date(s) Sensory Sensory	□ Male □ Female Face Amount		Max Premi	um \$	/yr.	
Date of diagnosis Date of last episode Type of epilepsy or seizure diagnosed	□ Term □ Permanent Has the client e	ver used an	y form of tobacco (cigarett	es, cigars, pipe	, snuff, etc.)?	□Yes □No
Type of epilepsy or seizure diagnosed Generalized seizures Sleep epilepsy Traumatic epilepsy Television epilepsy "Single Fit" What terms have been used to describe the character of the epileptic or seizure attack(s) (select all that apply) Grand mal Petit mal Partial seizure-complex Partial seizure-simple Focal seizures: Motor Sensory Temporal lobe Other Absence attacks Myoclonus seizures Atonic spells Prequency of the epileptic episodes	Frequency	_ Date of	last use		Туре	
Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery Has any surgical procedure been recommended/done to treat the condition? Yes No If yes, date of surgery Hospitalization (due to condition) ER visits (due to condition) If yes, date(s) Does the client drive a motor vehicle? Yes No Occupation	Generalized seizures Sleep epile What terms have been used to describe the char Grand mal Petit mal P Focal seizures: M Centrencephalic seizures: A Other_	acter of the artial seizur lotor bsence atta	e epileptic or seizure attack re-complex Partial seizu Sensory acks Myoclonus	(s) (select all th ure-simple seizures	at apply) Temporal lol Atonic spells	be s
☐Hospitalization (due to condition) ☐ ER visits (due to condition) If yes, date(s) Does the client drive a motor vehicle? ☐ Yes ☐ No Occupation	Name of Medication (prescription or other	wise)	Dates Used	Quantity	Taken	Frequency Taken
Does the client drive a motor vehicle? Yes No Occupation				-		

List any other major health problems the client has:



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