

First and last names of insured (please print): \_\_\_\_\_

| Y | Y | Y | Y | M | M | D | D |

Date of birth

Policy/application number

1. **What is the nature of your epilepsy:**  Epileptic absence  Tonic-clonic seizure  Myoclonic seizure  Atonic  Other (specify): \_\_\_\_\_

2. **Date of first seizure/episode:** | Y | Y | Y | Y | M | M | D | D | **Date of last seizure/episode:** | Y | Y | Y | Y | M | M | D | D |

3. **Frequency of seizures/episodes:** \_\_\_\_\_

4. **Have you ever done a CT scan, MRI, EEG or any other test for this condition?**  Yes  No

If yes, complete the following table:

| Name of test or exam | Date | Result |
|----------------------|------|--------|
|                      |      |        |
|                      |      |        |
|                      |      |        |

5. **Do you know the cause or triggering event of your seizure/episode?**  Yes  No

If yes, specify: \_\_\_\_\_

6. **Have you been prescribed any medication or treatment?**  Yes  No

If yes, complete the following table:

| Name of medication or treatment | Frequency of use | Date of last use |
|---------------------------------|------------------|------------------|
|                                 |                  |                  |
|                                 |                  |                  |
|                                 |                  |                  |

7. **Did you take time off from work due to this condition?**  Yes  No

If yes, specify date and duration of time off : Date | Y | Y | Y | Y | M | M | D | D | Duration: \_\_\_\_\_

Date | Y | Y | Y | Y | M | M | D | D | Duration: \_\_\_\_\_

Date | Y | Y | Y | Y | M | M | D | D | Duration: \_\_\_\_\_

8. **Do you have any limitations in your daily activities or in your hobbies because of this condition?**  Yes  No

If yes, specify: \_\_\_\_\_

9. **Please indicate the name and address of the doctors and/or specialists consulted for this condition.** If none, check this box:  None

| Name | Address | Date of the last consultation |
|------|---------|-------------------------------|
|      |         |                               |
|      |         |                               |
|      |         |                               |

10. **Additional information:**

\_\_\_\_\_

\_\_\_\_\_

11. **Declaration**

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

**X**

Signature of the person to be insured (if minor: signature of the father, mother or legal guardian)

| Y | Y | Y | Y | M | M | D | D |

Date

## Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the Personal Information Protection Statement located at [beneva.ca](http://beneva.ca).