Zurich International Life

ZURICH

Epilepsy questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form to supplement the answers you have given on your application. The information you give may assist us in the assessment of your application and help minimise the need for medical reports.

Please complete this form in **CAPITAL** letters. If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other (please give details)

Family name

Forename(s)

Date of birth D D M M Y Y Y Y

2 Supplementary questions

2.1 Date of diagnosis

Please state the date the epilepsy was initially diagnosed D D M M Y Y Y Y

2.2 Type of epilepsy

Please provide details of the type of epilepsy if known by ticking the appropriate description(s)

Petit-mal type:

☐ Absence epilepsy
☐ Benign epilepsy of childhood
☐ Febrile seizures
☐ Petit-mal absence
☐ Jacksonian seizure
☐ Juvenile myoconic epilepsy
☐ Neonatal convulsion
☐ Pykno-epilepsy
☐ Rolandic epilepsy
☐ Versive seizure

Grand-mal type:

☐ Astatic seizure
☐ Psychomotor attack
☐ Generalised seizure
☐ Grand-mal seizure
☐ Clonic seizure
☐ Complex focal seizure
☐ Tonic-clonic seizure
☐ Tonic seizure

2.3 Type of investigation

Have you undergone any investigations, such as EEG, CT or MRI scan? ☐ Yes ☐ No

If 'Yes', please provide details including dates of investigation(s) and results

2.4 Nature and frequency of seizures

2.4.1 Please describe the nature of your attacks, including any loss of consciousness

For loss of consciousness, please state the date it last occurred. D D M M Y Y Y Y

2.4.2 Are you aware of any specific provoking cause for your attacks? ☐ Yes ☐ No

If 'Yes', please provide details

2.4.3 How long does each attack usually last?

2.4.4 Please state the number of attacks you have had in each of the last three years by ticking the appropriate options below

	None	1-3	4-6	7-10	11+
1 year ago	☐	☐	☐	☐	☐
2 years ago	☐	☐	☐	☐	☐
3 years ago	☐	☐	☐	☐	☐

2.4.5 What was the date of your last attack? D D M M Y Y Y Y

2.4.6 Have you ever required hospitalisation as a result of an epileptic attack? ☐ Yes ☐ No

If 'Yes', please provide complete details, including dates

2.5 Type of treatment

Please provide details of your treatment. Include names of medication (i.e. Dilantin, Tegretol, etc.), dosage, how often it is taken, and how long you have been using it

2.6 Monitoring your condition

2.6.1. Who is in charge of your follow-up?

2.6.2. How often do you attend for follow-up?

2.6.3. When was your last consultation?

2.6.4 Please provide names and addresses of all doctors you have consulted for your condition

Name(s)	Address(es)

2.7. Driving and other activities

2.7.1 Do you currently hold a driving licence? ☐ Yes ☐ No

2.7.2 Have you ever been refused a driving licence or had this withdrawn due to epilepsy? ☐ Yes ☐ No

2.7.3 Are your activities restricted in any other way due to epilepsy? ☐ Yes ☐ No

If 'Yes', please provide details

2.8. Occupation

2.8.1 Are you currently employed? ☐ Yes ☐ No

If 'Yes', please provide further details, as follows

2.8.2 Have you taken any time off work due to your epilepsy? ☐ Yes ☐ No

If 'Yes', please provide details, including dates and duration

2.8.3 Does your occupation involve any work at heights, handling or working with heavy machinery or any other aspect which may increase the risk should you have an attack whilst at work? ☐ Yes ☐ No

If 'Yes', please provide details

2.9 Additional information

Please provide any additional information on your condition which you feel will be helpful in processing your application.

Thank you for completing this form. Please return it to us with your application, or if you prefer, in a sealed envelope.

3 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy or contact us for a copy.

4 Declaration/consent

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief.

I agree that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance.

I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

Signature of life to be insured

Date D D M M Y Y Y Y

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

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