

NAME _____ FILE _____

1. When did you first have a seizure or convulsion?

Date of first episode _____

Date of most recent episode _____

Average number of episodes per year _____

Average length of duration _____

2. Please state the diagnosis or nature of the condition:

 Tonic Clonic seizures (Grand mal) Absence seizures (Petit mal) Atonic seizures (drop attacks) Complex Partial seizures (Psychomotor) Myoclonic seizures Simple Partial seizures Other: _____

Please explain: _____

3. Has medication or treatment ever been required for this condition?

Please provide details including names, dosages, etc.
_____4. Are you currently on medication? Yes No5. Have you or your child ever had any tests or investigations in relation to this condition (e.g. electroencephalogram (EEG), CT Scan, MRI Scan, etc.)? Yes No

Please provide dates and results: _____

6. Are further follow-ups required? Yes No

Please provide details of frequency, reason and dates: _____

7. Have you or your child ever been hospitalized due to this illness? Yes No

Please provide details: _____

8. Is your driver's license currently under suspension? Yes NoIf **Yes**, when did suspension come into effect? _____

9. Name and address of physician: _____

DECLARATION:

I declare that the answers and statements to the above questions are complete and true to the best of my knowledge and belief. I understand they will form part of my application for insurance on my life.

I understand that if I do not fully, completely and truthfully answer the above questions (if I misrepresent my answers or statements) the Company may void this policy.

Date _____ Signature of Proposed Insured _____

PLEASE RETURN FORM TO:**The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com**