NAILBA
NAILBA University

EPILEPSY

CLIENT NAME: ______________________________ **Date:** ______________

☐ Male ☐ Female Date of birth: ____________ Height: _____’ _____” Weight: ____________

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: ____________ ☐ Use now Type of nicotine product: ______________

Type of Coverage: ☐Term ☐UL ☐ Survivor ☐ Disability **Coverage Amount:** ______________________

Annual Income:____________________ **Occupation/Job duties:** ______________________ **State of Residence:** __________________

Anticipated Premium: ______________________

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED’S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of first diagnosis: ______________________________

2. Indicate the type of seizure:

☐ Complex/partial seizure ☐ Tonic-clonic seizure ☐ Absense seizure ☐ Myoclonic seizure

3. Indicate the number or frequency of episodes and date of last episode: ______________________________

____

4. Has client been hospitalized for treatment of epilepsy? (give details)

☐ No ☐ Yes; please give details ______________________________

____

5. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

6. What is client’s occupation? ______________________________

7. Does client have any other major health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

____

____

 © Copyright January 2011. The National Association of Independent Life Brokerage Agencies (NAILBA). All rights reserved.