Fast Track Underwriting - Customer Medical Questionnaire

Epilepsy, seizures, fits and blackouts

000139

Name of customer applying for cover

Date of birth dd / mm / yyyy

Application number

Financial adviser

14432 Crystal Mark Honesty and clarity approved by Plain English Campaign

Guide to filling in this questionnaire

1 Make sure you fill in the customer details above.

2 You should read the **important note** below about telling us about material facts.

3 Please complete the questionnaire, providing as much details as possible about your medical history.

4 Read through the answers you have given and the declaration and sign it, on the last page of this form.

Important note – Telling us about material facts

Please read the information below carefully – ask your financial adviser if you have any questions.

- You must tell us everything relevant when filling in this questionnaire. If you do not, or if any of the answers to these questions are not true and complete, we could treat the plan as void. If this happens there will be no cover under the plan and we will not refund the payments. In these circumstances we will not pay a claim. A relevant fact (material fact) includes anything that a reputable insurer would treat as likely to influence their decision to provide insurance. If you are not sure whether something is relevant, you should tell us anyway. If there is anything not covered by the questions on this form that you think we should know, please tell us in the "further medical information" section.
- We will rely on what you tell us and you must not assume that we will automatically confirm with your GP or any other doctor any information that you provide. If relevant, you can consult your GP about the questions on this form, but we cannot cover the cost of your doctors time. You can provide any highly confidential information direct to our Chief Medical Officer in a sealed envelope and give this to your financial adviser. In these circumstances you must refer to this information when answering your health questions.
- You do not need to tell us about any genetic test (that is, analysis of chromosomes, DNA or RNA to detect genetic abnormalities in individuals) which you may have had. However, you must tell us if you are having treatment for or experiencing symptoms of a genetic condition. We may also ask you to give us full information about your family history, including all genetic conditions.
- You must tell us in writing about any change in your personal medical circumstances or family history or dangerous pursuits you take part in between the time you apply for cover and the time cover begins.

Irish Life

Epilepsy, seizures, fits and blackouts

1 What type of epilepsy do you have or has a cause been identified (for example, grand mal epilepsy, petit mal epilepsy, nocturnal epilepsy, absence attacks, partial, focal, faints or other)?

2 When was this condition diagnosed, or when did you first experience symptoms? dd / mm / yyyy

3 Please describe your symptoms before the condition was diagnosed.

4 Have you ever had:

- an EEG examination? Yes ◯ No ◯
- a CT (or CAT) scan? Yes ◯ No ◯
- an MRI scan? Yes ◯ No ◯
- sleep studies? Yes ◯ No ◯
- other investigations or blood tests? Yes ◯ No ◯

If 'Yes', please give full details including dates and results.

Dates dd / mm / yyyy Details

Results

5 What was the date of your most recent episode, blackout, seizure or fit? dd / mm / yyyy

6 How long do the episodes, blackouts, seizures or fits usually last?

7 How many episodes, blackouts, seizures or fits have you suffered in the last two years?

8 What treatment are you taking now?
(Please give the name of the treatment and dose, for example, Epilim, Epanutin, Tegretol, Carbamazepine and so on.)

Treatment Dose and how often you take it

9 Have you ever been treated in hospital for this condition or experienced a status epilepticus episode?

Yes ◯ No ◯ Details

inpatient (overnight or longer) Yes ◯ No ◯ Date dd / mm / yyyy

Details and length of stay

outpatients Yes ◯ No ◯ Date dd / mm / yyyy

Details

accident and emergency Yes ◯ No ◯ Date dd / mm / yyyy

Details

10 Are you restricted in your everyday activities or have you had to take time off work sick as a result of this condition?

Yes ◯ No ◯

If 'Yes', please give details.

Epilepsy, seizures, fits and blackouts

11 Are you currently disqualified from driving a motor vehicle of any kind as a result of this condition?

Yes ◯ No ◯

Details

Have you been disqualified at any time in the past?

Yes ◯ No ◯

When and details

12 Have you ever suffered an injury or had an accident as a result of an epileptic seizure or fit? Yes ◯ No ◯
If 'Yes', please give dates and details.

Dates dd / mm / yyyy

Details

13 Has there been any change to your medication or dose in the last four years?

Yes ◯ No ◯

If 'Yes', give details of the drugs, change in dose and the reason.

14 Are you currently waiting for or contemplating any future investigations or to see a specialist about this condition?

Yes ◯ No ◯

If 'Yes', what are you waiting for and date? dd / mm / yyyy

Reason

15 Were you given any specific health advice or suggested lifestyle changes by any health professional about this condition?

Yes ◯ No ◯

If 'Yes', please give details.

16 Please provide any other information on this condition which you feel may help us assess your application for cover.

Doctors and specialists you have seen

Please fill in the name and address of doctors and specialists you have seen.

Names

1

2

3

Addresses

1

2

3

Further medical information

Please use this space if you need more space to fill in your answers.

Declaration

Please review the answers given in this questionnaire and then read, sign and date this declaration.

I agree that this questionnaire will form part of my application for cover to Irish Life Assurance plc.

I have read and understood the note on the first page of this form about telling Irish Life about material facts and I understand that if I do not reveal all these facts, Irish Life could treat the plan as void and in these circumstances Irish Life will not pay a claim or refund my payments.

I have read over the answers to all the questions on this form and declare that all statements (including any statements written down for me) are true and complete. I understand a copy of this form is available to me if I ask.

I understand that this cover will not start until you have accepted me for cover and I have paid the first premium.
I understand that I must tell you in writing about any changes in my personal medical circumstances, family history or taking part in dangerous pursuits before this cover starts.

Your signature X

Date dd / mm / yyyy

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Irish Life