

Epilepsy questionnaire

Your details

Name

Application number(s)

Why we are asking you for this information

You told us that you have epilepsy. We'd like some more information on this so that we can assess whether to offer you cover and the terms of that cover.

What you need to know before completing the questionnaire

You must take reasonable care to answer the questions fully, honestly, and accurately, to the best of your knowledge.

If you don't answer the questions correctly your policy may be cancelled, or its terms may be changed, or your claim may be rejected or not fully paid.

Please answer the following questions

1. Please advise which type of epilepsy you have:

Absence seizures (petit mal epilepsy)

☐ Yes ☐ No

Tonic clonic seizures (grand mal epilepsy)

☐ Yes ☐ No

Myoclonic seizures

☐ Yes ☐ No

Clonic seizures

☐ Yes ☐ No

Atonic seizures

☐ Yes ☐ No

Tonic seizures

☐ Yes ☐ No

Simple partial (focal) seizures

☐ Yes ☐ No

Complex partial seizures

☐ Yes ☐ No

Other

☐ Yes ☐ No

If 'other', please describe below:

2. When was this diagnosed?

Please give the month and year: MM YY

3. Has an underlying cause been found? ☐ Yes ☐ No

If 'yes', please tell us the cause:

Congenital (from birth)

☐ Yes ☐ No

Brain injury

☐ Yes ☐ No

Tumour/growth

☐ Yes ☐ No

Alcohol misuse

☐ Yes ☐ No

Don't know

☐ Yes ☐ No

Other

☐ Yes ☐ No

If 'other', please describe below:

4. How often do you have attacks?

☐ Less than 12 attacks per year ☐ 12-50 attacks per year ☐ More than 50 attacks per year ☐ Other

If 'other', please describe below:

5. When do your attacks usually occur?

☐ During the day ☐ During the night ☐ During the day and night ☐ Other

If 'other', please describe below:

6. Have you had any other symptoms in relation to your epilepsy? ☐ Yes ☐ No

If 'yes', please give details below, e.g. personality or mental health changes:

7. In the last three years, has the frequency or severity of your attacks changed? Please choose from the options below:

Frequency

☐ Stayed the same

☐ Increased

☐ Reduced

☐ Other

If 'other', please describe below:

Severity

☐ Stayed the same

☐ Increased

☐ Reduced

☐ Other

If 'other', please describe below:

8. When was your last attack?

Please give the month and year:

9. In the last three years, have you been admitted to hospital or required emergency treatment for your epilepsy? ☐ Yes ☐ No

If 'yes', please tell us the dates:

10. Have you ever been diagnosed with status epilepticus?

☐ Yes ☐ No

If 'yes', please tell us the dates:

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

11. Have you taken any medication for your epilepsy?

☐ Yes ☐ No

If 'yes', please tell us the name of the medication you were prescribed and the periods of use:

Name of medication

From

To

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

12. Have you always taken your medication as prescribed by your doctor?

☐ Yes ☐ No

13. In the last three years, have you needed any time off work for your epilepsy?

☐ Yes ☐ No

If 'yes', please tell us the periods of absence below:

From

To

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

M

M

Y

Y

14. Are you prevented from holding a driving licence as a result of your epilepsy?

☐ Yes ☐ No

15. Please provide any additional information on your condition which may help us to assess your application:

16. Do you have any reports or letters from the specialist about your condition?

☐ Yes ☐ No

If 'yes', please email us a scanned copy to **underwriting.team@uk.zurich.com** including the application number(s) in the title of your email, or send them to us at Medical Underwriting department, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I declare that:

- I have completed the information on this form fully, honestly, and accurately, to the best of my knowledge.
- I am aware that if I haven't answered the questions correctly my policy may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a policy means that no cover or other benefits will be provided.
- I have read the Zurich data protection leaflet 'Your privacy is important to us' and I agree to the personal information I have provided in this form being used in the ways described.

Signature

Date

D

D

M

M

Y

Y

Y

Y

