

EPILEPSY QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

1.1 At what age did the attacks first commence? _____

1.2 How frequent are the attacks? Provide details _____

1.3 When did you last have an attack?

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Provide details _____

1.4 Do the attacks occur during the day or at night? _____

1.5 Do you lose consciousness during the attacks? YES NO

If YES, provide details _____

1.6 Do you ever bite your tongue during an attack? YES NO

1.7 Are you incontinent during an attack? YES NO

1.8 Have you been diagnosed as: Grand mal YES NO

Petit mal YES NO

Temporal lobe YES NO

Other _____

1.9 Are you taking drugs to prevent further attacks? YES NO

If YES, state medication and dosage _____

1.10 Have you previously had a head injury? YES NO

If YES, describe severity _____

1.11 Has an MRI, EEG or brain scan ever been done? YES NO

If YES, give details of doctor, date and result

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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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1.12 Please provide any additional information that you feel is important for assessment of your application

Initials

2. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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