

**AMERICAN INCOME LIFE INSURANCE COMPANY**

Executive Offices: P.O. Box 2608, Waco, Texas 76797 (254) 751-8600

[www.aillife.com](http://www.aillife.com)

**SEIZURE QUESTIONNAIRE**

INSURED'S NAME \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_

WHEN DIAGNOSED? \_\_\_\_\_

HOW OFTEN DO YOU HAVE A SEIZURE? \_\_\_\_\_

DATE OF YOUR LAST SEIZURE? \_\_\_\_\_

TYPE OF SEIZURES: GRAND MAL \_\_\_\_\_ PETIT MAL \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU LOSE CONSCIOUSNESS? \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN HOSPITALIZED FOR A SEIZURE? \_\_\_\_\_

DATE: \_\_\_\_\_

NAME / ADDRESS OF HOSPITAL: \_\_\_\_\_

\_\_\_\_\_

NAME AND ADDRESS OF DOCTOR WITH CURRENT RECORDS OF SEIZURES: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_  
(Proposed Insured's Signature)

DATE \_\_\_\_\_

X \_\_\_\_\_  
(Agent's Signature)

