

Identification

Policy no.:

Last name of proposed insured:

First name of proposed insured:

Date of birth: / /
year / month / day

Epilepsy section

1. Have you every had an epileptic seizure or episode? Yes No

If yes a) the date of your first seizure / /
year / month / day

b) the date of your last seizure / /
year / month / day

c) the number of seizures per month or year _____

2. Were you prescribed medication for Epilepsy? Yes No

If yes a) the start date of your medication / /
year / month / day

b) the type of medication prescribed _____

c) your daily amount or dose of medication _____

Are you still using medication? Yes No

If you selected "Yes," please provide details: _____

If not, since when? _____

If not, when did you discontinue your medication? / /
year / month / day



Epilepsy section (cont.)

3. a) Has your condition ever been diagnosed? Details (partial, generalized seizure or other):

3. b) Name and address of the doctor who gave the diagnosis:

I, the undersigned, declare that the information provided above is complete and accurate and shall form the basis of the contract with Humania Assurance.

Signed at: _____

on:

year				/	month		/	day	

Signature of witness _____

Signature of proposed insured _____

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe (Quebec) J2S 2Z6