



**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