

Policy number(s)

Surname

Given name(s)

**The Life to be Insured is requested to supply full and complete answers to the following questions**

(a) Please state type of epilepsy:

(b) What was the date of onset?

 /  / 

(c) Please detail the nature (including any loss of consciousness) and frequency of attacks:



(d) Date of last attack?

 /  / 

(e) Please provide details of any treatment you are currently taking (eg Dilantin, Epilim) and the daily dosage:



(f) If not on treatment, please advise the date treatment ceased and the reason:



(g) Have you ever been hospitalised due to epilepsy?  No  Yes

If yes, please provide details including dates and treatment:



(h) Please provide names and addresses of all doctors and health professionals consulted for epilepsy including approximate dates:




(i) How much time have you lost from your employment as a result of this disorder?

**Declaration**

I declare that the statements given above are complete and true and I understand that AXA Australia or Australian Casualty & Life will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name

**X**

Signature

 /  / 

Date

**Please send completed form(s) to:**

**AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 502 072**