



Plan number(s)

Two empty text boxes for plan numbers

Surname (please print)

Given name(s)

Two empty text boxes for names

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

a) Please state type of epilepsy:

Empty text box for epilepsy type

b) What was the date of onset?

Date input box with slashes

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

Large empty text box for attack details

d) What was the date of last attack?

Date input box with slashes

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

Large empty text box for treatment details

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

Large empty text box for treatment cessation details

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

If yes, please provide details including dates and treatment:

Large empty text box for hospitalization details

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

Large empty text box for doctor consultations

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

Empty text box for employment loss

Declaration

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

Name

Signature

Date

Empty text box for name

Signature box containing 'X'

Date input box with slashes

Please send completed form(s) to: AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001

Telephone 132 987 Facsimile (03) 8688 5799