

## Epilepsy Questionnaire – 4.4

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Epilepsy Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No / Proposal No	
Name of Life to be Assured	

1. Have you ever been diagnosed with epilepsy? (Please answer 'Yes' or 'No')	Yes / No
<b>Please answer all of the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.</b>	
2. When were you first diagnosed with epilepsy?	
3. Has your epilepsy been described as any particular type?  (Please tick on the type of epilepsy.)	<input type="checkbox"/> Grand mal <input type="checkbox"/> Petit mal <input type="checkbox"/> Absence seizure <input type="checkbox"/> Any other, specify.....
4. Have you ever had two or more than two consecutive episode of grand mal epilepsy (status epilepticus)? If yes, please provide details of number and frequency of episodes suffered.	Yes / No
5. Has your epilepsy been diagnosed as focal / partial?	Yes / No
6. Have you undergone any CT scans or other investigations? If yes, please provide details. (Kindly attach copies of all investigations)	Yes / No
7. Kindly answer following regarding symptoms.	
7.a) Please describe the nature of your attacks.	
7.b) How frequently do attacks occur? Eg. How often in the last 12 months?	
7.c) What is the duration of each attack? (approx time e.g. 5 mins, half an hour etc)	
7.d) Are you aware of any specific stimulating cause/s for your attacks? (e.g.: emotional stress, pain, etc.)  If yes, please mention stimulating cause(s).	Yes / No
7.e) When was your last attack?	

8. Are you prevented from holding a driving license or are your activities restricted in any other way due to epilepsy?  If yes, please provide activities restricted.	Yes / No
9. Mention name, contact number and address of the doctor in charge of your follow-up?	
10. How often are you required to attend follow-up?	
11. Kindly provide date of last consultation	
12. Please provide details of your treatment including names of medication(s) (e.g. Mezatol, Epilex, Epanutin, etc), dosage and frequency.	Currently Past
13. Have you lost significant time (e.g. weeks) off work with this condition?  If yes, please provide dates and duration of time off work.	Yes / No
14. Please provide any additional information which you may consider relevant.	

❖ **An incomplete Questionnaire will not be considered valid.**

**Declaration of Life to be Assured:**

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression  
(Life to be Assured)

Date:.....  
Place:.....

Signature/thumb impression  
(Proposed Policy Holder if  
different from Life to be Assured)

Date:.....  
Place:.....

**In the case of thumb impression\ signature in vernacular language:**

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....  
Place:.....

Name and address of the declarant \_\_\_\_\_

**HDFC Life Insurance Company Limited.** CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

**Regd. Off:** 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

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