

EPILEPSY **QUESTIONNAIRE**

CONFIDENTIAL

To be completed in English by the life assured.

Full name of life assured

Date of birth (dd/mm/yyyy)

We understand that you have suffered from epilepsy and we would appreciate your answers to the following questions.

1. When was epilepsy first diagnosed (dd/mm/yyyy)?

2. Has it been described as a particular type?

Yes No If Yes, please provide details below e.g. Grand Mal, Petit Mal, etc.

3. Have you had any scans or other investigations?

Yes No If Yes, please provide details including dates of investigations and results.

4. Regarding the frequency and severity of your attacks:

a) Please describe the nature of your attacks.

b) How long does each attack last?

c) How frequently do attacks occur?

d) When was your last attack?

e) Are you aware of any provoking cause for your attacks?

Yes No

If Yes, please provide details below.

5. What treatment are you currently taking? (Please give name and dosage) e.g. Epilum, Epanutin, etc.

6. What treatment have you taken in the past?

7. Please state the details (name, address, email address, telephone number) of the doctor/neurologist who is monitoring you and confirm the date on which you last consulted this doctor for a check up.

8. Have you had any regular time (e.g. weeks) off work with this condition?

Yes No

If Yes, please provide details including dates and duration of time off work.

9. Please provide any additional information on your condition which you feel may be helpful in processing your application.

DATA PROTECTION

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

DECLARATION

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)

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