AMERICAN INCOME LIFE INSURANCE COMPANY
Executive Office: P. O. Box 2608, Waco, Texas 76797 (254) 761-6400
www.ailife.com

SEIZURE QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

WHEN DIAGNOSED? _____

HOW OFTEN DO YOU HAVE A SEIZURE? _____

DATE OF YOUR LAST SEIZURE? _____

TYPE OF SEIZURES: GRAND MAL _____ PETIT MAL _____ OTHER _____

DO YOU LOSE CONSCIOUSNESS? _____

MEDICATIONS: _____ DOSAGE: _____

_____

_____

HAVE YOU EVER BEEN HOSPITALIZED FOR A SEIZURE? _____ DATE: _____

NAME/ADDRESS OF HOSPITAL: _____

_____

_____

_____

NAME/ADDRESS OF DOCTOR WITH CURRENT RECORDS OF SEIZURES: _____

_____

_____

_____

ADDITIONAL REMARKS: _____

_____

_____

X _____ DATE _____
Proposed Insured's Signature

X _____
(Agent's Signature)