310 S. Dale Mabry Hwy, Ste 210
Tampa, FL 33609
Phone (813) 875-6331
Fax (813) 875-7331

Seizures Underwriting Questionnaire

Agent Name_____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex ☐ Male ☐ Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products? _____

If yes, select type : ☐Cigarettes ☐ Cigar ☐ Chewing tobacco ☐ Other: _____

Date last used _____ Frequency per month _____

Product Applying for: ☐ Term ☐ Universal Face Amount _____

1. Name of Diagnosis: _____ Date: _____
2. Please detail your first symptoms: _____
3. Please detail the tests administered to diagnose this condition:

Name of Test	Date	Results

4. When was your first and most recent episode? _____
5. Are they grand mal or petit mal in nature? _____
6. How often do they occur? _____
7. If you have seizures, do you lose consciousness? ☐ No ☐ Yes
   Details: _____
8. Do you ever have warning prior to the seizure? ☐ No ☐ Yes
   Details: _____
9. Do you know the cause of your seizure? ☐ No ☐ Yes
   Details: _____
10. Please list all medications you are currently taking for this condition:

Name of Medication	Dosage	Reason

11. Date and name of physician last consulted: _____
12. Do you have a valid driver's license? ☐ No ☐ Yes, any restrictions? _____

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com