☐ Equitable Financial Life Insurance Company
☐ Equitable Financial Life and Annuity Company
☐ Equitable Financial Life Insurance and Annuity Company (CA)
☐ Equitable Financial Life Insurance Company of America (EFLOA)

SENIOR QUESTIONNAIRE

(to be completed by the Paramedical/Medical Examiner if the Proposed Insured is age 70 or older)
(This form is not part of the application for Life Insurance)

1.a. _____ b. _____
Name of Proposed Insured **Date of Birth (MM/DD/YYYY)**

2. **Cognitive Assessment – DELAYED WORD RECALL PART I**

Examiner Instructions:

- **Before beginning the interview, separate the words on the (last) word-page by cutting along the indicated lines.**
- **Stack the word-cards and then read the first word aloud to the applicant, holding up the appropriate word card for the applicant to see. Ask the applicant to form a sentence using the word.**
- **Repeat the process with each of the 10 words below. You need not record the applicant's answers.**
- **Begin by reading the following instructions to the applicant:**

"I'm going to show you 10 cards with words which I will ask you to recall later in the interview. I will read the words to you, one at a time, and ask you to repeat each word and use that word in a complete sentence. This is a test of your memory. It is important to the insurance company. This needs to be done in your head and you can't use paper and pencil to write anything down."

Examiner Instructions:

- **Show each of the flashcards, one-by-one:**

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

Examiner Instructions:

- **After finishing all 10 words, repeat the process by reading the following instructions to the applicant:**

"Now I'm going to repeat the same words as before and, again, I would like you to repeat each word and use that word in a complete sentence. You may either make up new sentences or use the same sentences you used before. Again, this needs to be done in your head and you can't use paper and pencil to write anything down."

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

Time of Completion: _____

Examiner Instructions:

- **Put the word-cards out of sight.**
- **Check your watch and record (above) the time the last sentence was completed.**
- **This completes *Part I* of the *Delayed Word Recall. Part II* must begin in 5 minutes (use exact time).**
- **Set the timer - keep your eye on your watch to begin *Part II* in 5 minutes.**
- **Go to Page 2 to complete the General Assessment segment.**

"Now I am going to ask you some questions regarding your daily activities."

3. **General Assessment**

Does (or Has) the Proposed Insured:

a. drive? ☐Yes ☐No
If "No", provide details of when and why stopped in the "Details" section.

b. work, volunteer, travel? ☐Yes ☐No
If "Yes", provide details of the type(s) and how often in the "Details" section.

c. exercise? ☐Yes ☐No
If "Yes", provide details of the type(s) and how often in the "Details" section.

d. use any assistive devices, such as a wheelchair, walker, or cane; or have gait or mobility difficulty? ☐Yes ☐No
If "Yes", please explain in the "Details" section.

e. had any falls within the past two years? ☐Yes ☐No
If "Yes", provide details as to how many falls and the circumstances in the "Details" section.

f. need any assistance with any of the following activities?
bathing ☐Yes ☐No
dressing ☐Yes ☐No
eating ☐Yes ☐No
If "Yes" to any, please explain in the "Details" section.

g. need any assistance with any of the following activities?
shopping ☐Yes ☐No
handling finances ☐Yes ☐No
using the telephone ☐Yes ☐No
taking medication ☐Yes ☐No
If "Yes" to any, please explain in the "Details" section.

h. receive any assistance/support from family member(s) and/or friend(s)? ☐Yes ☐No
If "Yes", please describe in the "Details" section.

DETAILS

Question Number	Date (if applicable) (MM/DD/YYYY)	Details

4. **Cognitive Assessment – DELAYED WORD RECALL PART II**

a. DELAYED WORD RECALL Part II

Examiner Instructions:

- **Read the statement below to the applicant to determine how many words he/she recalls.**
- **Record all words stated, both correct and incorrect words.**
- **Then show the total number of correct words recalled.**

"A few minutes ago, I read you some words and asked you to make a sentence with each of them. Now it is time to remember the words I showed you on the flashcards. Tell me as many of the words as you can remember. Take your time."

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

TOTAL NUMBER OF WORDS CORRECTLY RECALLED: _____

b. Does the Proposed Insured demonstrate any evidence of a cognitive impairment? ☐Yes ☐No
(memory loss, confusion, lack of comprehension, behavioral change?)
Provide details (if answered "Yes") and indicate any additional comments relevant to this test:

_____

_____

_____

5. **Physical Assessment**

a. **Pre-Exercise Screening:**

Examiner Instructions:

- **Before beginning the Get Up and Go test, read the statement below to describe the test to the Proposed Insured.**
- **Record answers and details for each "Yes" answer.**

"The last part of this examination is a test that measures physical activity. I will ask you to rise from a seated position, walk 10 feet, turn around, walk back 10 feet to the chair and sit down. In this test, you should go at your own pace. You may slow down or rest if you need. You may wear your usual footwear and may also use any assistive device (cane or walker) you normally use. I will first ask you some questions to determine if you have any condition that would prevent you from completing this test."

(1) Has your doctor or other medical provider advised you not to exercise or to limit your activity in any way because of a medical condition or risk? ☐Yes ☐No

(2) Do you have any condition, pain, dysfunction or swelling in your knees, back/spine, legs, and/or feet that affects your physical activity? ☐Yes ☐No

(3) In the past 12 months, have you had any conditions of your heart, circulatory system or blood vessels including chest tightness, chest heaviness, chest pain/angina, heart attack (MI) or cardiovascular accident (CVA)/stroke? ☐Yes ☐No

(4) In the past 12 months, have you had any history of or problems with balance, vertigo, inner ear problems, fainting, epilepsy or seizures? ☐Yes ☐No

(5) Other than these, do you have any other conditions that would affect your ability to do this exercise? ☐Yes ☐No

(6) Are you aware of any reason that you should not do this test? ☐Yes ☐No

DETAILS [required for every "Yes" answer in #5.a. (1)-(6) above]:

Question Number	Date Onset (MM/DD/YYYY)	Details of Medication and/or Treatment (current and past)

b. Get Up and Go Test

- **Examiner Instructions:**

If any Pre-Exercise screening question was answered "Yes" - DO NOT PROCEED WITH THIS TEST.
If all Pre-Exercise screening questions were answered "No":

- **Place a standard chair (seat height allows feet to comfortably rest on the floor) with the chair back against a wall. Measure 10 feet out from the front of the chair and mark the distance.**
- **Have the Proposed Insured sit in the chair with his/her back to the chair back.**
- **Ask the Proposed Insured to stand up from the chair and walk the measured distance of ten feet, then walk back to the chair and sit down.**
- **Record the time it takes to stand up, walk, return, and sit down.**
- **Give the Proposed Insured one practice trial and 3 actual trials. Record the times from each actual trial:**

First time: _____ seconds Second time: _____ seconds Third time: _____ seconds

c. Does the Proposed Insured demonstrate any limitation or restriction in movement? ☐Yes ☐No
Provide details (if answered "Yes") and indicate any additional comments relevant to this test:

_____

_____

_____

The questionnaire reported above was completed on _____ (MM/DD/YYYY) at _____ A.M. _____ P.M.

at _____
(No. and Street) (City or Town) (State)

What proof (photo-proof preferred) of applicant's identity did you review?

Driver's License ☐ Other ☐ (Specify: _____)

Did this proof include a photograph? ☐Yes ☐No

Are you related to the Applicant or Financial Professional? ☐Yes ☐No

Print Name of Examiner or Nurse/Technician _____

Signature of Examiner or Nurse/Technician _____

CHIMNEY	SALT
HARP	BUTTON
MEADOW	TRAIN
FLOWER	FINGER
RUG	BOOK