



SENIOR EXAM SUPPLEMENT

Instructions for the examiner:

PLEASE COMPLETE FOR ALL PROPOSED INSURED AGE 71 AND OVER

- 1a. Read aloud the instructions below to the Proposed Insured. Then read aloud each of the words on the list, one at a time, while showing the corresponding flashcard, and ask the proposed insured to make up a sentence using each word. The proposed insured may not record anything on paper. It is not necessary to record the proposed insured's response; draw a line through any word that the proposed insured cannot use in a sentence.
In this part of the survey, I will read a word while showing the word to you. Please use each word in a sentence. The sentence may be as long or as short as you like. Later I am going to ask you to recall the words. Do you have any questions?
- 1b. Follow the same instructions as for Part a. Read aloud the instructions below. When done, place the flashcard out of sight. Note the time and allow at least 5 but not more than 15 minutes before proceeding to #6.
Now I am going to repeat the same words as before, show you the words and again ask you to use each in a sentence. You may make up a new sentence or use the same sentence that you used before. Do you have any questions?
2. Read instructions to the proposed insured and record number of seconds/minutes it takes to complete the task. The proposed insured must stand up from a seated position without using the arms of the chair for help, walk 10 feet, turn around and sit down.
Please complete this exercise: Stand up without using the arms of the chair, walk to (insert place in the room that is 10 feet away), turn around, walk back, and sit down.
3. Ask the proposed insured about the activities listed. Record details of answers, giving specifics of activities they do perform and reasons for ones they are unable to perform or able to perform only with assistance.
4. Ask the proposed insured if they perform any regular exercise. Record details, including duration and frequency.
5. Record details of any falls, including circumstances, injuries, and treatment.
6. Read instructions to the proposed insured. Record all words, including words not on the list that the applicant recalls. DO NOT read the words to the proposed insured; this must be done from memory. AT LEAST 5 MINUTES BUT NO MORE THAN 15 MINUTES MUST HAVE ELAPSED FROM PARTS 1a AND 1b BEFORE DOING THIS ACTIVITY.
A few minutes ago I read some words to you and you used them in sentences. Please repeat to me as many words as you can recall.
7. Read the instructions to the proposed insured. Allow 60 seconds for the task. Straight edge or ruler is not allowed.
Please duplicate the following drawing.

Upon completion of the examination, provide any additional information or observations within the details section of the answer page. Verify that the client name and date of birth, and your signature are on the Senior Supplement. Return the answer page with the other examination paperwork. Discard this instruction page and the flashcards prior to mailing any and all examination paperwork or specimens.



SENIOR EXAM SUPPLEMENT

PLEASE COMPLETE THE FOLLOWING FOR ALL PROPOSED INSUREDS AGE 71 AND OVER

Name of Proposed Insured:

Date of Birth:

1a. Follow the instructions for question 1a. Draw a line through any word below that the proposed insured cannot use in a sentence:

Book Flower Train Rug Meadow
 Salt Finger Park Chimney Button

DETAILS SECTION: Please indicate the question number and all details below.

1b. Please repeat the task in 1a exactly, using the words in the same order.

Book Flower Train Rug Meadow
 Salt Finger Park Chimney Button

2. Please ask the proposed insured to stand up, not using the arms of the chair, walk 10 feet, turn around, walk back and sit down. Record the amount of time from start to finish: _____

3. Is the proposed insured able to do the following without assistance? Record details at right.

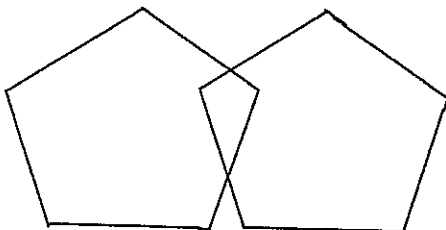
- A. Clean home, do yard work? Yes ☐ No ☐
- B. Shop (food, clothes, etc.)? Yes ☐ No ☐
- C. Drive, travel? Yes ☐ No ☐
- D. Manage finances (pay bills, balance check book, etc)? Yes ☐ No ☐

4. Does the proposed insured engage in any type of regular exercise (walking, treadmill, running, aerobics, swimming, strength training, etc.)? Record details at right. Yes ☐ No ☐

5. Has the proposed insured fallen at any time in the last 2 years? Record details at right. Yes ☐ No ☐

6. Please ask the proposed insured to repeat as many words as they can recall from #1 above. Record responses to the right.

7. Please ask the proposed insured to draw the figure below in the space at the right.



I certify that I have personally asked all of the questions and accurately recorded responses and results.

Signature of examiner

Date

Print name of examiner

Book

Salt

Flower

Finger

Train

Park

Rug

Chimney

Meadow

Button