Service Office:
Life New Business
30 Dan Rd, Suite 55765
Canton, MA 02021-2809

Instructions for Mature Supplement for Age 71 and Older

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
(hereinafter referred to as The Company)

To help us assess additional risk factors sometimes associated with the elderly, please complete this mature age supplement for Proposed Insureds ages 71 and older. This supplement includes tests for memory, mobility and questions on activities of daily living.

Orientation

Section B

- Please record the Proposed Insured's responses.

Delayed Word Recall (Important: Please read carefully)

Section C (Part I)

Before beginning the interview, separate the ten words on the last page by cutting along the dashed line, to be used flash-card style.

- Explain to the applicant that this is a memory test.
- Show the first word on the card and ask him or her to say the word out loud and use it in a sentence. Follow the same procedure for the remaining 9 words.
- Repeat the process a second time. They do not have to use the same sentences again. They can make up a new sentence.
- Check your watch and record the time the last sentence was completed.
- **This completes Part I. Please keep your eye on your watch. You will be completing Part II in 5 minutes (no longer than 10 minutes).**
- You may now continue on to the activities of daily living questions.

Activities of Daily Living

Section D

- Please ask the applicant the questions listed and record any additional information in the space provided.

Delayed Word Recall

Section E (Part II)

- If it has been 5 minutes since you completed Part I of the Delayed Word Recall, you may now begin Part II.
- Ask the applicant to recall as many words as they can from Part 1. Check off the words they recall and indicate how many out of the ten words were recalled.

Mobility – Get Up and Go Test

Section F

- You will need a stop watch for this task. Advise the applicant this is a walking test.
- Record how long it takes (in seconds) for the applicant to get up from a seated position, walk ten feet, return and sit down again.
- Record if it took the applicant 20 seconds or more to complete this task. Please comment on any abnormalities of the items listed.

Examiner Observations

Section G

- Please answer the questions listed and provide any additional comments.

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Mature Supplement for Age 71 and Older

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Print and use black ink.

SECTION A: Proposed Insured

1. a. Name FIRST MIDDLE LAST

b. Date of Birth MONTH DAY YEAR

Please introduce this part of the exam to the Proposed Insured by telling him or her that this part of the examination is an assessment of his or her mobility, daily living activities and memory.

SECTION B: Orientation

Please record the Proposed Insured's answer.

What is the month_____ year _____ day of the week _____ day of month_____

SECTION C: Delayed Word Recall – Part I

1. Advise the Proposed Insured this is a memory test. You will be showing him or her 10 words and he or she will be asked to recall these words at a later time. Use the flash word cards attached at the end of this questionnaire. Show the Proposed Insured each word. Ask him or her to read each word aloud and use it in a sentence. Do not record the sentences.
2. Repeat the process a second time requiring the Proposed Insured to again use each word in a sentence. He or she may either make up a new sentence or use the same sentence used before.
3. Put the word flash cards out of sight. Record the time of completion.
4. This will complete Part I. You will complete Part II of the Delayed Word Recall in 5 minutes.

Time of completion _____ a.m/p.m.

SECTION D: Activities of Daily Living

Ask the Proposed Insured the following questions and record the answers.

a) Do you drive? ☐ Yes ☐ No
   If Yes, to where and for what distance do you drive?_____
   If No, when and why did you stop driving?_____
b) Have you had any car accidents in the last 2 years? ☐ Yes ☐ No
   If Yes, record details_____
c) Do you live alone? ☐ Yes ☐ No
   If No, who do you live with?_____
d) Have you had any falls in the last 2 years? ☐ Yes ☐ No
   If Yes, record details_____
e) Have you had any visits to the hospital emergency room in the past 12 months? ☐ Yes ☐ No
   If Yes, record details_____
f) Do you belong to any social groups, social clubs or do any volunteer work? ☐ Yes ☐ No
   If Yes, record details_____
g) How many times a week do you engage in social activities outside of your home?
   Record details_____
h) Do you do any travel? ☐ Yes ☐ No
   If Yes, record details_____
i) Who does the housework or yard work at your home?_____
j) Who shops for food, clothing and personal items for you?_____
k) Who pays the bills, manages finances and balances the checkbook?_____
l) Do you need any assistance with your laundry or taking your medication? ☐ Yes ☐ No
   If Yes, record details_____
m) Do you require any assistance with dressing, bathing, eating, transferring, toileting? ☐ Yes ☐ No
   If Yes, record details_____

SECTION E: Delayed Word Recall – Part II

If it has been 5 minutes since you completed Part I of the delayed word recall, please now complete Part II and then resume the remainder of the exam.

Ask the Proposed Insured to recall as many of the words he or she can from Part I. You will check off the words below and then record the total number of words recalled correctly.

STATE : Earlier I asked you to repeat 10 words and use those words in a sentence. At this time I would like you to recall as many of those words as you can remember.

List ☐ Tree ☐ Pencil ☐ Train ☐ Door ☐ Elephant ☐ Button ☐ Chair ☐ Knife ☐ Brush ☐ Pillow

Total number recalled _____ /10

SECTION F: Mobility

This task will need to be timed with a stopwatch. Record the time it took to complete the entire task in seconds. Ask the Proposed Insured to get up from a seated position, walk 10 feet, return and sit down again.

Time:_____seconds (for entire process)

If the time is greater than or equal to 20 seconds, then please comment on any abnormalities of the following:

Ability to rise from the chair _____

Steady or Unsteady _____

Ability to make turns _____

Hesitancy _____

Awkward or abnormal Gait _____

Posture _____

SECTION G: Observations

a. Does the Proposed Insured require any assistance from another person or the use of any adaptive devices (i.e. cane, walker, etc.)? ☐ Yes ☐ No
If Yes, record details _____

b. Does the Proposed Insured have any evidence of a cognitive disorder? (dementia, memory loss, confusion, behavioral change, lack of comprehension) ☐ Yes ☐ No
If Yes, record details _____

c. Describe the Proposed Insured's personal grooming. (well dressed, clean, neat, or unkempt, fragile, poorly groomed)

_____

d. Living environment - If the interview was conducted in the Proposed Insured's home, please describe living conditions or any safety issues. (clean, stairs, one level home, untidy, disrepair, etc.)

_____

e. Describe any other general observations or comments you, the examiner, would like to make about the Proposed Insured.

_____

SECTION H: Signature

I hereby certify that I have personally examined the Proposed Insured and have correctly and fully reported my findings.

SIGNED AT CITY STATE THIS DAY OF YEAR

☐ MD ☐ RN
☐ DO ☐ RPN/LPN

NAME OF EXAMINER

X _____
SIGNATURE OF EXAMINER

Company
☐ APPS ☐ EMSI ☐ Exam One
☐ Superior Mobile Medics ☐ Other _____
City, State Telephone No.

Examination completed on (date and time)
MONTH DAY YEAR
_____ Time

FLASH WORD CARDS

Use these 10 words flash card style for the Delayed Word Recall

TREE	PENCIL
TRAIN	DOOR
ELEPHANT	BUTTON
CHAIR	KNIFE
BRUSH	PILLOW

John Hancock

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Examiner's Report

JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
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Print and use black ink.

SECTION A: Proposed Insured

1. a. Name FIRST MIDDLE LAST

b. Date of Birth MONTH DAY YEAR

SECTION B: Medical Observations

2. a. Height _____
   Did you measure? ☐ Yes ☐ No
   b. Weight _____
   Did you weigh? ☐ Yes ☐ No
   c. Any weight change in the past 12 months? ☐ Yes ☐ No
   If Yes, amount _____ ☐ Loss ☐ Gain
   Reason _____

3. Blood Pressure Readings

	1.	2.	3.
Systolic			
Diastolic			

4. Pulse _____ ☐ Regular ☐ Irregular
   Type of irregularity _____
   If extra systoles, No. per min. _____

5. Describe general appearance _____

6. Did anyone accompany the Proposed Insured during the examination? ☐ Yes ☐ No
   If Yes, please provide details
   Name of the person who came _____ Relationship to Proposed Insured _____
   Why present _____

7. Did the Proposed Insured understand and answer all the questions asked in connection with this exam? ☐ Yes ☐ No
   If No, please provide details _____

8. Do you suspect anything unfavorable such as excessive use of alcohol, cigarettes, or drugs? ☐ Yes ☐ No
   If Yes, please provide details _____

9. Additional observations/comments (if applicable)

SECTION D: Examiner's Certification and Signature

How did you identify the Proposed Insured? ☐ Driver's License (with photo) ☐ Other photo ID _____

Examination location ☐ Examiner's Office ☐ Proposed Insured's home ☐ Proposed Insured's place of business

Indicate requirements completed ☐ Blood ☐ Urine ☐ EKG ☐ TST

Ticket number _____ Date sent to lab MONTH DAY YEAR Date sent to home office MONTH DAY YEAR

Indicate any requirements not completed and reason

I hereby certify that I have personally examined the Proposed Insured and have correctly and fully reported my findings.

SIGNED AT CITY STATE THIS DAY OF YEAR

☐ MD ☐ RN
☐ DO ☐ RPN/LPN

NAME OF EXAMINER

X _____
SIGNATURE OF EXAMINER

Company
☐ APPS ☐ EMSI ☐ Exam One ☐ Portamedic
☐ Superior Mobile Medics ☐ Other _____
City/State Telephone No.

Examination completed on (date and time)
MONTH DAY YEAR
Time