Liberty Life Assurance Company of Boston
Service Center, 100 Liberty Way, Dover, NH 03820

Medical Evaluation Report
Supplemental Application for Individual Life Insurance

If additional space is needed for details, complete a supplemental application.

Complete when Proposed Insured is Age 70 and Over

1. Proposed Insured Information

Name (First, Middle, Last) _____

Residence address (Street, City, State, ZIP) _____

Birth date_____ ☐ Male ☐ Female Policy/application number _____

2. Cognition

a) Have the proposed insured identify three objects located in the area where this application is being taken. Communicate to the proposed insured that you will ask them to recall these objects later during the examination. List the three items below. (e.g., table, lamp, computer)

1._____ 2._____ 3._____

	Yes	No
b) Has the proposed insured received injuries due to a fall, in the past year, that required treatment by a licensed member of the medical profession?	☐	☐

If question 2b) is answered "Yes," provide details.

c) Have the proposed insured draw a clock reading 11:10, in the space below.

☐ Check here if proposed insured was unable or refused to complete.

d) Record the proposed insured's response to the following:

What is the current date? (month, day, year) _____ ☐ Check here if proposed insured was unable to provide.

e) Have the proposed insured stand up, walk ten feet, turnaround, walk back, and return to a seated position in the same seat. Record the length of time it took to complete the task, and record the performance (e.g., steadiness, speed, limping, etc.).

f) Ask the proposed insured to recall the three objects identified in question 2a) and restate them. Indicate the number of objects the proposed insured properly identified. ☐ 0 ☐ 1 ☐ 2 ☐ 3

3. Signatures

I declare that all statements and answers given in this application are true and complete to the best of my knowledge and belief. I also agree that: (1) no agent/insurance producer has the authority to determine insurability, waive any rights or requirements of Liberty Life Assurance Company of Boston (the Company), or make or modify any contract of insurance; (2) no information obtained by any such person will bind the Company unless set out in writing in a part of the application; (3) all statements and answers given in this application will form the basis for, and become part of, any contract of insurance issued by the Company under this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X _____ _____ _____
Proposed Insured/Guardian Signature | Signed in: City and State | Date

X _____ _____ _____ _____
Paramedical/Physician Signature (as witness) | Print Name | Medical Credentials | Date