## **MassMutual Senior Supplement**

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Cilent Name: "APPLICANT"	
Autivities of Daily Living Questions: Autivities of Daily Living Questions: A PROVIDE DETAILS AS DIRECTED, AT THE BOTTOM Q	F THE PAGE
1. Have you lied any falls in the past 2 years? If yes, give details such as circumstances of the falls, injury and	<b>C</b>
treatment; if ent). 2. Do you experience any difficulty with balance or walking? If you give details such as a discription of the problem).	
3. Do you use any support (or walking such as a walker, a cane or another person? If yes, give details about what ty	
4. Do you have any difficulty going up or down stairs? (If yas, givs datalls as to lavel of difficulty).  5. Are you employed or working as a volunteer? (If yas, give datalls about the type of work and how often	
6. Do you drive? (If no, give details about why and when the proposed insured stopped driving). 7. Do you need any help with	
Baining)	
Polsónal hyólene? (lixing hain shaving, tollat usell (Jaing a tolophone?.	
Bolensing the checkbook? Paying bills?! Remembering to take your medications?!	
(For each "yes" answer, give details such as level or assistance)	
TimeJCUp and Gp7 Exercises	
Ploase have the proposed insured sit in, a chair (with or without employees in a footwoor. Be sure there is a clear to least 10 toothe from of him/her. On your count, six the proposed insured many on the chair, welk the 10 feet, turn	around, return to
the stialr and sit down. If the proposed insured normally uses an relistive device such as a cure or walker, the device for this exercise.	s should be used
Using a stopwatch of timpplees with a second hand, recent by seconds of agily now long it takes the proposed insured chair (from the moment you say to begin), walk the 10 feet and return) the chair and sit down:	to orise from the
If you feel it is unually to conduct this exercise, or if the proposed secred refuses the exercise; please explain in the si	pace providad.
Record the time in seconds:  In the space provided, please record your observations is this exercise, such as: completed task with case, word a	cone strongend
lost belance, plopped into the chair, etc.	
Dotalla (Riesso rafarence givestion ?)	
3) CAME  4) CAME  5) CAME  6)	
Signature # FXAMINER* ID TO THE BEST OF TH	
Signature of Examinar Data	F7015 508
Examiner signs	



## MassMutual Senior Supplement

Client Name:
Policy Number:
Examiner Instructions  This is a second of the second of
This supplement consists of 3 different sections: an assessment of memory and concentration, some questions regarding activities of daily living, and a timed "up and go" exercise.
Read the following to the proposed insured:
"I am going to ask you a series of questions. The first group involves some mental exercises. The second group of questions is about your usual daily activities. At the end, I will ask you to demonstrate how well you are able to get in and out of your chair. All of this information is confidential and will be used by MassMutual to evaluate your insurance application."
Cognitive Exercises  Read the following questions to the proposed insured and record the answers exactly as given in the spaces provided.
I. What year is it now?
2. What month is it now?
3. Read the following name and address to the proposed insured:
John Brown 42 Market Street \ Chicago
Ask the proposed insured to repeat it.
Tell the proposed insured: "Try to remember this name and address and I'll ask you to recall it in a few minutes"
1. Without looking at your watch, about what time is it? Actual Time:
5. Count backwards from 20 down to 1. (Place a check next to each correct response. A missed or misplaced number counts as an error. If the error is corrected by the proposed insured without prompting, accept the correction)
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1
i. Say the months of the year in reverse order. (Place a check next to each correct response. A missed or misplaced month counts as an error. If the error is corrected by the proposed insured without prompting, accept the correction)
DecNovOctSeptAugJulJunMayAprMarFebJan
Repeat the name and address I asked you to remember. (Place a check next to each recalled piece of the phrase; "Market Street" count as a single item and both words must be recalled to qualify for a check; if an error is corrected by the proposed insured without prompting, accept the correction)
John Brown 42 Market Street Chicago

	Activities of Daily Living Questions  PROVIDE DETAILS AS DIRECTED, AT THE BOTTOM OF THE	PAGE.	
1.	Have you had any falls in the past 2 years? (If yes, give details such as circumstances of the falls, injury and treatment, if any)	<u>Yes</u>	No
2.	Do you experience any difficulty with balance or walking? (If yes, give details such as a description of the problem).	ш	
3.	Do you use any support for walking such as a walker, a cane or another person? (If yes, give details about what type and how often used)	_	
4.	Do you have any difficulty going up or down stairs? (If yes, give details as to level of difficulty)		
5.	Are you employed or working as a volunteer? (If yes, give details about the type of work and how often)		
6.	Do you drive? (If no, give details about why and when the proposed insured stopped driving)	$. \square$	
7.	Do you need any help with		
	Bathing?. Dressing?. Personal hygiene? (fixing hair, shaving, toilet use) Using a telephone?. Balancing the checkbook?. Paying bills?. Remembering to take your medications?. (For each "yes" answer, give details such as level of assistance)		
	Timed "Up and Go" Exercise		
lea the	ease have the proposed insured sit in a chair (with or without arms), wearing usual footwear. Be sure there is a straight ast 10 feet in front of him/her. On your count, ask the proposed insured to arise from the chair, walk the 10 feet, turn around chair and sit down. If the proposed insured normally uses an assistive device such as a cane or walker, the device shou this exercise.	i retu	rn to
Usi cha	ing a stopwatch or timepiece with a second hand, record in seconds exactly how long it takes the proposed insured to aris air (from the moment you say to begin), walk the 10 feet and return to the chair and sit down.	e fron	n the
lf y	ou feel it is unsafe to conduct this exercise, or if the proposed insured refuses the exercise, please explain in the space p	rovide	∍d.
Rec	cord the time in seconds:seconds		
in t lost	the space provided, please record your observations of this exercise, such as: completed task with ease, used a cane, s t balance, plopped into the chair, etc.	stagge	ered,
Det	tails (Please reference question #)		
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Client Name: