

MassMutual Senior Supplement

Page 1



MassMutual Senior Supplement

"APPLICANT"

Client Name: _____

Policy Number: _____

Examiner Instructions

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.

1. What year is it now? 2008

2. What month is it now? JULY

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."

4. Without looking at your watch, about what time is it? 3:00 PM Actual Time: 3:00 PM

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 ✓

6. 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)

Dec ✓ Nov ✓ Oct ✓ Sept ✓ Aug ✓ Jul ✓ Jun ✓ May ✓ Apr ✓ Mar ✓ Feb ✓ Jan ✓

7. 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 ✓

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"APPLICANT"

Client Name: _____

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) ☒ Yes ☐ No
2. Do you experience any difficulty with balance or walking? (If yes, give details such as a description of the problem) ☐ Yes ☒ No
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) ☒ Yes ☐ No
4. Do you have any difficulty going up or down stairs? (If yes, give details as to level of difficulty) ☐ Yes ☒ No
5. Are you employed or working as a volunteer? (If yes, give details about the type of work and how often) ☐ Yes ☒ No
6. Do you drive? (If no, give details about why and when the proposed insured stopped driving) ☐ Yes ☒ No
7. Do you need any help with:
 - Bathing? ☐ Yes ☒ No
 - Dressing? ☐ Yes ☒ No
 - Personal hygiene? (fixing hair, shaving, toilet use) ☐ Yes ☒ No
 - Using a telephone? ☐ Yes ☒ No
 - Balancing the checkbook? ☐ Yes ☒ No
 - Paying bills? ☐ Yes ☒ No
 - Remembering to take your medications? ☐ Yes ☒ No

(For each "yes" answer, give details such as level of assistance)

Timed "Up and Go" Exercise

Please have the proposed insured sit in a chair (with or without arms), wearing usual footwear. Be sure there is a straight path of at least 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, return to the chair and sit down. If the proposed insured normally uses an assistive device such as a cane or walker, the device should be used for this exercise.

Using a stopwatch or timepiece with a second hand, record in seconds exactly how long it takes the proposed insured to arise from the chair (from the moment you say to begin), walk the 10 feet and return to the chair and sit down.

If you feel it is unsafe to conduct this exercise, or if the proposed insured refuses the exercise, please explain in the space provided.

Record the time in seconds: 8 seconds

In the space provided, please record your observations of this exercise, such as: completed task with ease, used a cane, staggered, lost balance, plopped into the chair, etc.

Details (Please reference question #) 2

1) Fell, 2008, SAN GETTING OUT OF CAR

3) CANE

Signature _____

"EXAMINER"

X _____

Signature of Examiner _____

Date _____

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Examiner signs



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2. What month is it now? _____
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John Brown
42 Market Street
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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"

4. Without looking at your watch, about what time is it? _____ Actual Time: _____
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John _____ Brown _____ 42 _____ Market Street _____ Chicago _____

Client Name: _____

Activities of Daily Living Questions

PROVIDE DETAILS AS DIRECTED, AT THE BOTTOM OF THE PAGE.

	Yes	No
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)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you experience any difficulty with balance or walking? (If yes, give details such as a description of the problem)	<input type="checkbox"/>	<input type="checkbox"/>
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Bathing?	<input type="checkbox"/>	<input type="checkbox"/>
Dressing?	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene? (fixing hair, shaving, toilet use)	<input type="checkbox"/>	<input type="checkbox"/>
Using a telephone?	<input type="checkbox"/>	<input type="checkbox"/>
Balancing the checkbook?	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills?	<input type="checkbox"/>	<input type="checkbox"/>
Remembering to take your medications?	<input type="checkbox"/>	<input type="checkbox"/>

(For each "yes" answer, give details such as level of assistance)

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Record the time in seconds: _____ seconds

In the space provided, please record your observations of this exercise, such as: completed task with ease, used a cane, staggered, lost balance, plopped into the chair, etc.

Details (Please reference question #)

Signature

X

Signature of Examiner _____

Date _____

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