

# PACIFIC LIFE INSURANCE COMPANY

Life Insurance Division  
P.O. Box 2030 • Omaha, NE 68103-2030  
(800) 347-7787 • Fax (866) 964-4860  
[www.PacificLife.com](http://www.PacificLife.com)



## MED PLUS

For Proposed Insured Age 71 & above

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### Examiner Instructions

1. Prior to arriving at the examination site, separate the words on the last page by cutting along the dotted lines to make flashcards for the Delayed Word Recall exercise.
2. The examination must be conducted in privacy. A spouse, relative or any other persons should not be present during the completion of the Med Plus exam.
3. Speak clearly, calmly and in a tone loud enough to be heard.
4. Advise the proposed insured that, they may have already given some of this information at the time of the application. This will serve as confirmation.
5. Advise the proposed insured to let you know if anything asked is unclear or if they have any questions.
6. Allow enough time for the proposed insured to answer the questions, roughly 1-2 minutes.
7. If the proposed insured refuses to answer a question, record the answer as "Refused to Answer" and proceed to the next question.
8. If you need any clarification on how to complete the Med Plus exam, please contact Pacific Life Insurance Company's Risk Selection (underwriting) Department.

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### DELAYED WORD RECALL INSTRUCTIONS

#### For Part I

1. Advise the proposed insured that they are NOT allowed to write down the words.
2. Show the proposed insured each word on the flashcards and read each word out loud.
3. Ask the proposed insured to repeat the word and form a sentence using the word.
4. Wait for his/her reply.
5. Proceed to next word and repeat process with all words.
6. Do not record their responses at this time. The proposed insured's response will be recorded in Part II.
7. Record the time when the Delayed Word Recall Part I is completed in the space provided.
8. Place the cards out of sight.
9. Part II of the Delayed Word Recall must begin between 5 and 6 minutes from the end of Part I. Please ensure that no more or less than 5 or 6 minutes passes between the end of Part I and the start of Part II. To ensure these time limits are met after completing Part 1 of the DWR complete the following task:
  - Ask "lifestyle" questions on this "Med Plus" form
  - Complete the measurements, Blood Pressure, Pulse readings and Mobility Assessment on page 5 of the "Medical Examiner's Report"

#### For Part II

1. Ask the proposed insured to recall as many words as they can remember.
  2. Write down the words that they recall in the space provided.
  3. Record the time when the Delayed Word Recall Part II is completed in the space provided.
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For Proposed Insured Age 71 &amp; above

Proposed Insured's Name: First	MI	Last	Date of Birth (mm/dd/yyyy)
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**Delayed Word Recall – Part I**

Show the proposed insured each word on the flashcards and read each word out loud. Ask the proposed insured to repeat the word and form a sentence using the word. Wait for his/her reply. Repeat this process with all of the words. At the completion of the 10 words record the time below.

Current Time: \_\_\_\_\_ ☐ AM ☐ PM

**Lifestyle Questions** (Provide details to any Yes answers in the space provided.)

- How long have you lived in your residence? \_\_\_\_\_
- Do you live with another person? ☐ No ☐ Yes, what is their relationship to you? \_\_\_\_\_
- Do you have family in the area?
  - ☐ Yes, what is their relationship to you? \_\_\_\_\_
  - ☐ No, who would take care of you in the event of an emergency or illness? \_\_\_\_\_
- Do you engage in any type of exercise?
  - ☐ No
  - ☐ Yes, What kind \_\_\_\_\_ Where \_\_\_\_\_ Frequency \_\_\_\_\_
- Do you participate in any of the following activities outside the home? ☐ No ☐ Yes: (check all that apply)

☐ Employment ☐ Volunteering ☐ Attending place of worship

☐ Hobbies ☐ Other Outside Activities

If yes, provide details \_\_\_\_\_ and number of hours per week \_\_\_\_\_
- When did you last drive an automobile? \_\_\_\_\_ If no longer driving, why did you stop? \_\_\_\_\_

**Delayed Word Recall – Part II**

Tell the proposed insured "A few minutes ago I read you some words and asked you to make a sentence with each of them. I would like you to tell me as many of the words you remember." Record the response below including any repetitions or incorrect words:

\_\_\_\_\_

\_\_\_\_\_

Current Time: \_\_\_\_\_ ☐ AM ☐ PM

**Exam Information**

- Examined at:

☐ My office

☐ Other: \_\_\_\_\_
- Date of Exam (mm/dd/yyyy): \_\_\_\_\_
- Time of Exam: \_\_\_\_\_ ☐ AM ☐ PM
- Name of Producer Requesting Exam: \_\_\_\_\_

**Medical Examiner's Information**

Name: First	MI	Last	Soc. Sec. # / TIN
Address: Street	City	State	Zip Code

**SIGNED AND DATED ON:****Date** (mm/dd/yyyy)**X**

Examiner's Signature

Examiner's Name: First MI Last (print)



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15-44830-00 05/2016

## DELAYED WORD RECALL FLASHCARDS

EXAMINER INSTRUCTIONS: Prior to arriving at the examination site, separate the following word flashcards by cutting along the designated lines. These flashcards will be used to complete the Delayed Word Recall exercise. Once Part I of the Delayed Word Recall exercise is completed, place the set of flashcards in your case and out of sight for the remainder of the exam.

**DESK**

**FLOWER**

**BIRD**

**SHOE**

**STOVE**

**MOUNTAIN**

**GLASSES**

**CLOUD**

**BOAT**

**PENCIL**