



Ameritas Life, Acacia Life, Union Central Life  
and affiliated companies

Companies<sup>SM</sup>

## Mature Assessment Limited

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Proposed Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_

**Instruction For Examiner:** This supplement is required on older aged applicants and is to be completed in addition to the usual requirements.

The Senior Supplement includes:

1. Get Up and Go Test
2. Activities of daily living section

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### 1. GET UP AND GO TEST

#### TIMED GET UP AND GO TEST

Time the number of seconds it takes for the applicant to sit and rise from a chair, walk 8 feet and return to the chair and sit back down. Timing should begin when the applicant begins standing up from a chair and ends when sitting back down. \_\_\_\_\_ seconds

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### 2. ACTIVITIES OF DAILY LIVING

A) What is the highest level of education you have completed? (*check one*)

- ☐ Advanced college degree      ☐ College degree  
☐ High School      ☐ Did not complete high school

B) Which of these household activities do you perform regularly? (*check all that apply*)

- ☐ Cleaning      ☐ Lawn mowing  
☐ Laundry      ☐ Shopping  
☐ Meal preparation      ☐ Handling finances  
☐ Using a computer

C) Do you need help with any of the following? (*check all that apply*)

- ☐ Cooking      ☐ Cleaning      ☐ Laundry      ☐ Shopping  
☐ Banking      ☐ Taking Medications      ☐ Making phone calls

D) Have you had any falls in the past 3 years?

Yes ☐ No ☐

If yes, how many falls in the **past year** \_\_\_\_\_

Give details and dates in the remarks section below. (*if needed use the addendum page*)

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### 2. ACTIVITIES OF DAILY LIVING (Continued)

E) Do you exercise? ☐ Yes ☐ No

If yes, what type of exercise and how often (x times/day - x-times/week - x-times/month)?

\_\_\_\_\_

F) Are you self-employed, a homemaker, or living off your own earnings? ☐ Yes ☐ No

If yes, how many hours do you work per week? \_\_\_\_\_ hours

G) Do you participate in any of the following (check all that apply)?

☐ Hobbies ☐ Volunteer work ☐ Other outside activities

If yes, explain and indicate the number of hours you participate each week

\_\_\_\_\_

H) Do you travel? ☐ Yes ☐ No

If yes, give details including the average numbers of times each year, date and destination of last trip, and your travel plans for the next 12 months.

\_\_\_\_\_

I) Do you currently drive? ☐ Yes ☐ No

If no, when and why did you stop?

If yes, give the number of miles driven per week and number of accidents in past 2 years

\_\_\_\_\_

J) Do you own any pets? ☐ Yes ☐ No

If yes, what kind of pets do you own?

\_\_\_\_\_

K) Are there other persons living in your household? ☐ Yes ☐ No

If yes, please indicate how many adults \_\_\_\_\_ and how many children

\_\_\_\_\_

L) Where do you live now? (house, apartment, etc.)

\_\_\_\_\_

M) If you could not afford to live alone where you do now, who would you prefer to live with?  
(family member, assisted care facility, etc.)

\_\_\_\_\_

\_\_\_\_\_



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### EXAMINER OBSERVATIONS

You, as the examiner, play a vital role in giving your general observations, so that a clear picture maybe obtained of this person's physical and cognitive abilities. Any observations you make will be taken seriously. Please be honest in the following observations.

1. What is the person's general affect (cheerful, depressed, tired, etc.) \_\_\_\_\_
2. Does he/she have difficulty walking, sitting, rising? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is there difficulty with understanding directions? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. If a friend or relative accompanies this person, does the applicant seem to rely on that person for physical help or in following directions? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. How is the applicant dressed (neatly, sloppily, etc.)? \_\_\_\_\_
6. Are there other observations you would like to make?

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**Remarks**

Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_