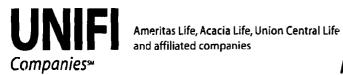


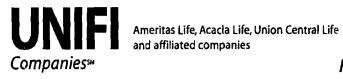
### Mature Assessment Limited

Name of Examiner:  Instruction For Examiner: This supplement is required on older aged applicants and is to be completed in addition to the	Insurance Company:	Policy Number:	
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If yes, how many falls in the past year	D) Have you had any falls in the pa	ast 3 years?	Yes No
Give details and dates in the remarks section below. (11 needed use the addendum page)	If yes, how many falls in the pa	ast year	
	Give details and dates in the re	marks section below. (1f needed use the addendum page)	



# Mature Assessment Limited

• • • • • • • • • • • • • • • • • • • •	Policy Number:	
ame of Proposed Insured:		
ACTIVITIES OF DAILY LIVING (C) Do you exercise?  If yes, what type of exercise and how of	Continued) often (x times/day - x-times/week - x-times/month)?	□ Yes □ No
F) Are you self-employed, a homemaker If yes, how many hours do you work p		Yes No
G) Do you participate in any of the follo  Hobbies Volunteer wo If yes, explain and indicate the numbe	ork	
H) Do you travel?	age numbers of times each year, date and destination of la months.	Yes No st trip,
I) Do you currently drive?  If no, when and why did you stop?  If yes, give the number of miles driven	en per week and number of accidents in past 2 years	— ∵Yes∶No —
I) Do you own any pets?  If yes, what kind of pets do you own?		Yes ∃ No
K) Are there other persons living in your If yes, please indicate how many adult		Yes No
L) Where do you live now? (house, apar	artment, etc.)	
M) If you could not afford to live alone v (family member, assisted care facility	where you do now, who would you prefer to live with?	



# Mature Assessment Limited

Insurance Company:	Policy Nun	ıber:	
Name of Proposed Insured:			
EXAMINER OBSERVATIONS			
You, as the examiner, play a vital role in giving of this person's physical and cognitive abilities. the following observations.			
1. What is the person's general affect (che	erful, depressed, tired, etc.)		
2. Does he/she have difficulty walking, sit	ting, rising?	Yes	No
3. Is there difficulty with understanding di	rections?	Yes	No
<ol> <li>If a friend or relative accompanies this rely on that person for physical help or</li> </ol>	person, does the applicant seem to in following directions?	Yes	No
5. How is the applicant dressed (neatly, sle	oppily, etc.)?		
6. Are there other observations you would	like to make?		
		<del></del>	
Remarks			
Signature of Examiner		Date	