

Examiner Instructions for Completion of the Senior Questionnaire - Part IV Examiner's Report

The Midland National Life Senior Questionnaire-Part IV Examiner's Report is to be completed by the examiner subsequent to the completion of the MNL Application Part II and Part III Medical Examiner's Report.

The Senior Questionnaire-Part IV Examiner's Report is only required for Proposed Insured's ages 71 and over. Refer to the Midland National Life Underwriting Requirements Chart for details.

Examinations must be conducted in privacy. A spouse, relative or any other person should not be present during the completion of the Senior Questionnaire-Part IV Examiner's Report.

If you have any questions regarding the Senior Questionnaire-Part IV Examiner's Report, please contact the Midland National Life Underwriting Department for further assistance.



10096

Senior Questionnaire - Part IV Examiner's Report

Proposed Insured (Please Print)	Last	First	MI	Birth Date (Month, Day, Year)	Social Security Number
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed, If Widowed, how long?					
1. Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, who do you live with?					
2. Do you presently live in: <input type="checkbox"/> Your own home <input type="checkbox"/> Condo/Apt. <input type="checkbox"/> Managed Care Facility <input type="checkbox"/> Retirement Village <input type="checkbox"/> Other (describe)					

3. How long have you lived at your present residence? _____

4. Are you planning to move from your current living arrangement? ☐ Yes ☐ No If Yes, When? _____
 Where? _____ Reason? _____

5. In case of emergency or illness, who would care for you? Name _____ Relationship _____

6. Do you need assistance in any of the following activities?

- | | | |
|---|------------------------------|-----------------------------|
| a. Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Getting in/out of Bed or Chair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Bathing/Personal Hygiene | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Getting Dressed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Continence of bladder/bowel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Preparation of meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Cleaning house | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Managing Finances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Taking Medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Do you drive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you do not drive, when did you stop driving and why? _____

If not driving, what form of transportation are you using? _____

Examiner to record details to yes answers, including what kind of assistance is needed and how often: _____

7. Describe the activities of a typical day, from the time you arise to the time you retire. Include inside and outside activities, physical/recreational activities, any hobbies, volunteer work, or clubs.

Morning: _____

Afternoon: _____

Evening: _____

8. The Examiner is to name these five objects: book, lamp, tree, flower, train, taking one second to say each word. Repeat the five words to the Proposed Insured and then have them repeat the words back to you. Before proceeding, if necessary, repeat the five words. Record the words that the Proposed Insured repeated to you on the next lines. If applicable, describe any difficulties the Proposed Insured may have had.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

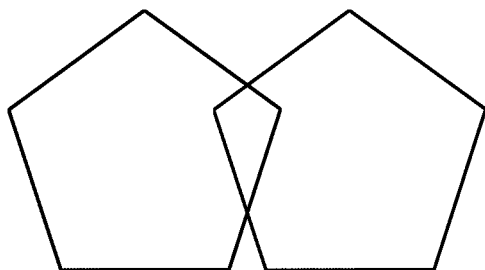
Comments: _____

Examiner: Inform the Proposed Insured that you will be asking him/her to recall these words later.

9. Please answer the following questions:

- a. Who is currently the President of the United States? _____
- b. What is today's date? _____ c. What is your birthdate? _____ d. What is your phone number? _____

10. Examiner: Have the Proposed Insured draw the design below in the space to the right.



11. Examiner: Ask the Proposed Insured to repeat the names of the five objects that were named a few minutes ago. (Section 8). Record the words recalled by the Proposed Insured on the lines below. If applicable, describe any difficulties the Proposed Insured may have had.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Comments: _____

12. Examiner: If you have not had the opportunity to observe the applicant rise from the chair and walk at least 10-15 feet and sit back down, then ask the Proposed Insured to perform the following simple exercise:

Please stand up, walk across the room (at least 10 feet), turn around, walk back to the chair and sit down.

Examiner: Based on your observations, please check the most applicable answer:

- Rising: ☐ Able to rise with ease, required 1 attempt
☐ Unable without help, loses balance or requires 2 or more attempts
- Walking: ☐ Walks without aid
☐ Mild/Modest deviation or uses walking aid
☐ Marked deviation
- Turning: ☐ Steady, without aid
☐ Mild staggering but catches self, or uses aid (for example, the wall) for support
☐ Almost falls
- Sitting: ☐ Able in a smooth motion
☐ Unable without aid or collapses into chair

13. Examiner Observations:

- a. Do you have any comments or observations regarding the exercise in section 12? _____

- b. Throughout the entire Senior Questionnaire, did you observe any obvious physical or mental abnormalities? _____

- c. Describe the neatness of the Proposed Insured and their home: _____

- d. Were there any other individuals present at the time the Senior Questionnaire was completed? If so, please advise their relationship to the Proposed Insured and the role they played in completing the Senior Questionnaire, if any.

Examiner Signature:	Date
---------------------	------