



## NEW YORK LIFE INSURANCE COMPANY SENIOR SUPPLEMENT

Client's Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**TO THE EXAMINER:** Please make certain you understand these instructions fully before proceeding with the supplement.

**Please advise the proposed insured that this type of testing is recommended by the medical community for all individuals age 70 and over and is not intended to insult them in any way.**

Questions # 1, 2 and 8 on the senior supplement are part of a cognitive survey called the Delayed Word Recall (DWR). Before proceeding, separate the DWR flashcards and put them in proper sequence.

After completing the Application Part II, proceed with the DWR by reading Question #1 to the proposed insured. Read each of the ten words slowly and clearly while showing the corresponding flashcard. Allow the proposed insured time to use each word in a sentence.

Follow the identical process for Question #2 but check your watch when the proposed insured concludes making a sentence for the tenth word; note the time. It is imperative that the interval between the completion of Question #2 and the beginning of Question #8 is no less than 5 minutes but no more than 10 minutes.

Read Question # 8 as stated. Do not repeat the words nor show the flashcards to the proposed insured. Do not coach him/her in any way. On the survey form, record each word as it is recalled by the proposed insured, even if a word is repeated or was not in the original list.

Read questions # 1, 2 and 8 exactly as stated.

### DELAYED WORD RECALL (DWR) – PART I

1. "In this part of the exam, I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later, I am going to ask you to recall the words. Do you have any questions?"

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

### DELAYED WORD RECALL (DWR) – PART II

2. "Now, I am going to repeat the same words as before, show the flashcards again, and ask you to use them in a sentence. You may either make up a new sentence or use the same sentence you used before. Do you have any questions?"

BOOK	FLOWER	TRAIN	RUG	MEADOW
SALT	FINGER	APPLE	CHIMNEY	BUTTON

Record exact time Part II of DWR was completed: \_\_\_\_\_

### INSTRUMENTAL ACTIVITIES OF DAILY LIVING

3. Does the Proposed Insured need assistance with any of the following activities:

- |                                   |  |  |   |   |
|-----------------------------------|--|--|---|---|
| <input type="checkbox"/> Cooking  | <input type="checkbox"/> Using the telephone | <input type="checkbox"/> Meal preparation  | <input type="checkbox"/> Laundry            | <input type="checkbox"/> No assistance for these activities |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> House cleaning      | <input type="checkbox"/> Managing finances | <input type="checkbox"/> Taking medications |   |

Provide details for each checked box: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## ACTIVITIES

4. Does the Proposed Insured drive? ☐ Yes ☐ No If No, provide details of when and why stopped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the Proposed Insured have a person with disabilities license plate, permit or sticker? ☐ Yes ☐ No  
If Yes, provide details regarding the disability qualifications. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does the Proposed Insured do any traveling or volunteer work? ☐ Yes ☐ No  
If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MOBILITY EXERCISE

7. Complete the following questions after observing the Proposed Insured rising from a chair, walking (at least 10 feet), turning around and sitting down. **Advise the client to perform this exercise at their normal pace.** Check all that apply.

### ARISING

- ☐ Able with ease, requires one attempt  
☐ Unable without help or loses balance or requires two or more attempts.

### WALKING

- ☐ Walks without aid  
☐ Mild/moderate deviation or uses walking aid  
☐ Markedly abnormal

### 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 help or collapses into chair

Comments: \_\_\_\_\_  
\_\_\_\_\_

## DELAYED WORD RECALL (DWR) – PART III

Record exact time Part III of DWR is started: \_\_\_\_\_

8. "A few minutes ago, I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of the words as you can remember. Take your time."

\_\_\_\_\_  
\_\_\_\_\_

Examiner Observation: Describe applicant's responsiveness, alertness, awareness and overall cognizance (or lack thereof) in recalling the words.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PROPOSED INSURED: \_\_\_\_\_ DATE: (mm/dd/yyyy)\_\_\_\_/\_\_\_\_/\_\_\_\_

EXAMINER'S NAME: \_\_\_\_\_ EXAMINER'S SIGNATURE: \_\_\_\_\_



**BOOK**

**SALT**

**FLOWER**

**FINGER**

**TRAIN**

**APPLE**

**RUG**

**CHIMNEY**

**MEADOW**

**BUTTON**