Ohio National Life Insurance Company
Ohio National Life Assurance Corporation

P.O. Box 237 Cincinnati, Ohio 45201-0237
Telephone: (800) 366-6654

Reset fields

Ohio National Financial Services®

Senior Supplement

1. Full Name (first, middle initial, last) _____

2. With whom do you reside? _____

3. Are you a recipient of state Medicaid or other similar program benefits? ☐ Yes ☐ No

4. Do you require assistance of any kind in performing the following activities?

Cleaning and bathing yourself	☐ Yes ☐ No	Dressing yourself	☐ Yes ☐ No
Going to the toilet	☐ Yes ☐ No	Feeding yourself	☐ Yes ☐ No
Getting in and out of bed	☐ Yes ☐ No	Walking	☐ Yes ☐ No
Shopping	☐ Yes ☐ No	Housekeeping	☐ Yes ☐ No
Doing laundry	☐ Yes ☐ No	Cooking	☐ Yes ☐ No
Balancing your checkbook	☐ Yes ☐ No	Using Transportation	☐ Yes ☐ No
Using the telephone	☐ Yes ☐ No	Taking medicine	☐ Yes ☐ No

5. Do you take part in activities outside the home such as golf, bridge, bowling, club meetings, theater, travel, etc.?
☐ Yes ☐ No

Describe activities and how often you participate: _____

_____

6. Do you have a valid driver's license? ☐ Yes ☐ No

7. Do you drive? ☐ Yes ☐ No How many miles do you drive per year? _____

8. Have you, in the last 2 years, suffered any injuries as the result of a fall? ☐ Yes ☐ No

If Yes, please provide details: _____

_____

_____

Agreement
The statements and answers shown on this questionnaire are true and complete to the best of my knowledge and belief.

_____ _____
Applicant Signature Date

_____ _____
Witness Signature Date