

## GUARDIAN LIFE UNDERWRITING OLDER AGE TESTING

### DELAYED WORD RECALL PART I

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#### EXAMINER INSTRUCTIONS:

- Before beginning the interview, separate the words on the last page by cutting the dotted lines.
- The applicant may NOT write down the words.
- Repeat the Test a second time.
- Once fully completed a second time, record the time.
- Please *read the following statement to the applicant.*

**PLEASE RECORD THE START TIME:** \_\_\_\_\_ : \_\_\_\_\_ AM PM

**This is a test called a delayed word designed to measure your memory, I am going to show you 10 cards with the words on them and I would like you to repeat the word aloud then use it in a sentence, The sentence you can use can be as long or short as you would like. We will repeat this process a second time. Then I will be asking you to recall these words later in the interview.**

#### EXAMINER INSTRUCTIONS:

- This concludes Part I of the Delayed Word Recall.
- Place the cards out of sight.
- Part II of the Delayed Word Recall must begin between 5 and 6 minutes from now.

### DELAYED RECALL PART II

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#### EXAMINER INSTRUCTIONS

- Record all words stated, both correct and incorrect words.
- Then show the total number of correct words recalled. *Do not count duplicate words or incorrect words.*
- Please note the time once the test is completed.
- *Please read the statement below to the applicant*

**A few minutes ago, I showed you some words and asked you to for a sentence using each word. At this time I would like you to tell me as many words as you can recall. Take your time**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of words correctly recalled out of the 10 choices: \_\_\_\_\_

**TIME OF COMPLETION:** \_\_\_\_\_ : \_\_\_\_\_ AM PM

## COGNITIVE QUESTIONNAIRE

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### EXAMINER INSTRUCTIONS:

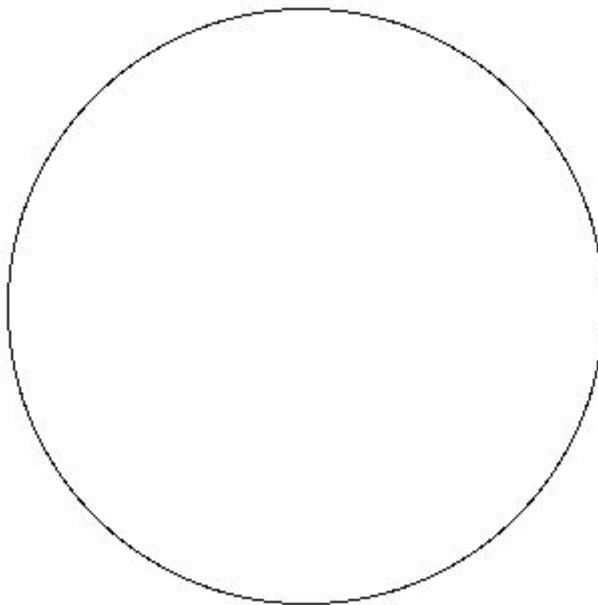
- *Please read the statement below to the applicant.*

**Now I am going to ask you some questions that deal with your memory and orientation, You may find some of these questions to be very simple, but please bear with me because they are important for underwriting your application.**

- 1) What is the year? \_\_\_\_\_
- 2) What is the month? \_\_\_\_\_
- 3) What is the date? \_\_\_\_\_
- 4) What is the day of the week? \_\_\_\_\_
- 5) What state are we in? \_\_\_\_\_
- 6) What country are we in? \_\_\_\_\_
- 7) What city are we in? \_\_\_\_\_

### EXAMINER INSTRUCTIONS:

Please ask the applicant to draw numbers in the circle to make the circle look like the face of a clock. After completing this task, ask the applicant to draw the hands of the clock to read "10 past 11". Give as few additional instructions as possible.



## MOBILITY ASSESSMENT

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### EXAMINER INSTRUCTIONS:

- Ask the applicant to rise from his/her chair and walk 10 feet, turn around, walk back to the chair, and sit back down.
- Please time how long it takes the applicant to perform the above tasks and record the time below.
- Observe the proposed insured's mobility and then record the answers below. Please supply details for any difficulties below.

1) Rising from chair:

- ☐ Rises easily with no assistance
- ☐ Requires more than one attempt
- ☐ Has balance issues, needs assistance or has severe difficulty

2) Walking:

- ☐ Unassisted at a normal pace
- ☐ With assistance or mild difficulty
- ☐ Stumbles, extremely slow pace, needs substantial assistance

3) Turning:

- ☐ Smoothly with no hesitation
- ☐ Needs mild assistance or has mild difficulty
- ☐ Stumbles or needs support

4) Sitting down in chair:

- ☐ Smoothly with no hesitation
- ☐ Relies on armrest for support or drops suddenly into chair
- ☐ Needs assistance

Comments:

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TIME \_\_\_\_\_:

### SIGNATURES:

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

CHIMNEY

SALT

HARP

BUTTON

MEADOW

TRAIN

FLOWER

FINGER

RUG

BOOK