



Genworth Life & Annuity
 Genworth Life
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Supplemental examiner's report for age 70 and over

from Genworth Life and Annuity Insurance Company
 and Genworth Life Insurance Company

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Please introduce this part of the examination by telling the proposed insured: "This part of the examination is an assessment of activities of daily living, mobility and memory."

1. Proposed Insured information

A. Proposed Insured name *First, M.I., Last*

.

B. Birth date *mm/dd/yyyy*

C. Social Security Number

.

2. Age 70 and over supplemental questions *To be completed for Proposed Insured age 70 and older*

Please write in the Proposed Insured's answer.

A. Orientation

Please tell me:

1. Today's date

2. The present season

.

.

3. Your age

4. Your telephone number

.

.

5. Your address

.

B. 10 word delayed word recall test

Tell the Proposed Insured: "This is a memory test. I am going to read out loud a list of words one at a time and ask you to say the word and then use the word in a sentence. When you have completed using the word in a sentence, I will ask you the next word, until the full list of 10 words is finished. Later in our interview, I will be asking you to recall the words."

List A: Chair – book – table – cow – penny – balloon – flower – picnic – kitten – bank

Use List B words if a second person is being tested.

List B: Chimney – harp – meadow – flower – rug – salt – button – train – finger – book

Time finished the list of words: a.m./p.m.

C. Advanced activities of daily living

1. Do you currently drive?

Yes No

If yes, ask:

How many miles do you drive per week?

How many accidents have you had in the past two years?

.

.

If no, ask: when did you stop driving?

Why did you stop driving?

.

.

2. Do you currently live alone?

Yes No

If no, with whom do you live?

3. Do you live in:

Owned/rented housing

Continuous care retirement facility

Assisted living facility

Nursing home

Other

Be sure the Proposed Insured understands each word before going to the next word. When they finish the complete list of words, make note of the time to the right so that you can make sure that five minutes passes before you move on to the second part of the delayed word recall test as noted below in question E.

Please ask the Proposed Insured the following questions.

Use "Section 3. Details" to provide additional information.



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Tell the Proposed Insured that a walking test is next. Ask them if they feel able to complete the test. If the answer is no, skip items (a) and (b) and complete details in (c). Time the number of seconds it takes for them to rise from a hard backed chair (kitchen or dining room type), walk 10 feet and return to the chair and sit down. Timing should begin when they start to get out of the chair and end when they sit back down.

If five minutes has lapsed since completing the first part of the delayed word recall test (#2 above) finish the delayed word recall test at this time. If five minutes has not lapsed move on and return to this section after finishing the other questions.

Please use "Section 3. Details" to provide additional information.

4. Do you currently participate in activities outside the home? Yes No

If yes, indicate which of the following activities you participate in:

a. Working in an occupation? Yes No b. Volunteering? Yes No

c. Attending place of worship? Yes No d. Travel alone? Yes No

If no, why do you not participate in activities outside the home?

If no, when was the last time you did any of these activities?

D. Mobility

1. Do you exercise regularly? Yes No

If yes, ask: what type of exercise? How often do you exercise?

2. Do you need any assistance to walk? (e.g., cane, walker, wheelchair) or have difficulty walking or moving? Yes No

If yes, please describe.

3. Have you had any falls in the past year? Yes No

a. If yes, ask how many falls in the past year

b. If yes, did you break any bones or were you admitted to hospital due to a fall? Give details below

4. Walking test Record the time it took to complete the test in seconds

a. Did they use an aid or require assistance to do the test? If yes, give details Yes No

b. Did they have any trouble completing the test? If yes, please explain Yes No

c. If they were unable to do this test please indicate why.

E. The "recall" part of the delayed word recall test

Tell the Proposed Insured: "A few minutes ago I read you a list of words to use in sentences. Please tell me the words that you remember. Take as much time as you need to remember the words."

Enter the start time for the "recall" Enter the recall end time

Words given to the Proposed Insured were:

List A: Chair – book – table – cow – penny – balloon – flower – picnic – kitten – bank

List B: Chimney – harp – meadow – flower – rug – salt – button – train – finger – book

Number of words correctly recalled

