

Military Questionnaire

FULL NAME OF PROPOSED INSURED _____

FILE / POLICY #: _____

- 1** Are you now a member of any military service, active or inactive? YES NO
If NO, proceed no further: Please complete signature section below and sign.
- 2** Branch of Service: Army Navy Marines Air Force Coast Guard
- 3** Present Duty Status: Active Active Reserve Inactive Reserve National Guard ROTC
- 4** Present Rank: _____
- 5** Present Unit: _____
- 6** Military Occupational Specialty: _____
Do your military duties involve aquanautics, astronautics, chemical and biological weapons, explosives and munitions, fire departments or nuclear energy? YES NO
- 7** Address of Present Unit: _____
- 8** Present Assignment: _____
- 9** Are you receiving any supplemental or hazardous duty pay based on your duties? YES NO
If YES, please give details.

- 10** To your knowledge and belief, have you been told or are you aware that:
 - a) You or your unit will be transferred overseas? YES NO
If YES, where? _____
 - b) You will be transferred to a new unit? YES NO
 - c) You or your unit will be alerted for duty (if presently in Reserve or National Guard)? YES NO

CLIENT NAME: _____ **Date:** _____

Male Female Date of birth: _____ Height: ____' ____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?
If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?