

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