

# 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, aeronautics, 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