



Military Service

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Branch of Military Army Navy Air Force Coast Guard
 Marines Reserves National Guard

Special Forces

- Army Rangers U.S. Army Special Forces (aka The Green Berets)
 Delta Force Navy SEAL or Navy Special Warfare Development Group
 Air Force Special Forces Marine Corps Force Reconnaissance (Force Recon or FORECON)

Stationed where _____

List all duties _____

Years of service _____ Military pay grade _____

Are you aware of any upcoming deployment plan or do you currently have orders in hand for deployment Yes No
 If yes, date of expected deployment _____ Location _____

Military Flying	
Name of military organization _____	
Is client a pilot <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify capacity in which the client flies _____	
Type of aircraft flown	How long has the client been flying in this kind of aircraft (if less than one year, also specify aircraft previously flown)
Date of last flight	Does the client fly for proficient only <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number of hours on proficiency flying per year _____