

# PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

## SUPPLEMENTAL APPLICATION - MILITARY QUESTIONNAIRE

Full Name of Proposed Insured \_\_\_\_\_

File / Policy Number \_\_\_\_\_

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: \_\_\_\_\_

- a) Do your military duties involve aquanautics, astronautics, chemical and biological weapons, explosives and munitions, fire departments, nuclear energy, overseas peacekeeping missions, special services?  Yes  No

If YES, please give details: \_\_\_\_\_

7. Address of Present Unit: \_\_\_\_\_

8. Current Assignment: \_\_\_\_\_

Location (State/Country): \_\_\_\_\_

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

If YES, give details: \_\_\_\_\_

- c) You or your unit will be alerted for duty (if presently in Reserve or National Guard)?  Yes  No

If YES, give details: \_\_\_\_\_

REMARKS or Additional Details to YES Answers:

**I declare that all answers on this form are full and correct, to the best of my knowledge and belief. They are made in continuation of and as part of my application for life insurance.**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.**

Signature of Proposed Insured: \_\_\_\_\_

Dated on: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Witness: \_\_\_\_\_