

# Occupational questionnaire for military service

**(To be completed by the applicant)**

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

## Details of the life to be insured

Attaching to application number (if known)

Title

Miss  Ms  Mrs  Mr  Other

Surname

Forename(s)

Date of birth

DDMMYYYY

1. Please state your rank

2. In which branch of military service are you based? (Please tick one)

Army  Airforce  Navy

3. Please state the name of your unit

4. Are you currently on active service duty or under orders?

No  Yes  (Please provide full details including the region in which you are serving and for how long etc)

5. Do your duties involve hazardous activities such as bomb/mine disposal, diving, parachuting, peacekeeping duties or special services etc.?

No  Yes  (Please provide full details)

6. Do you anticipate any change in your duties or posting?

No  Yes  (Please provide full details)

7. Have you ever had an accident or sustained an injury that required more than 1 week off work as a result of your service activities?

No  Yes  (Please provide full details)

8. Do your duties involve flying? No  (If no, please proceed to declaration) Yes  (If yes, please answer questions 9 to 15)

9. In what capacity do you fly? Pilot  Crew  Passenger

10. Please provide details of the type of aircraft/s that you usually fly (including make, model name and number)

11. Please provide details of the licence and ratings that you hold (including date obtained and last renewal date)

12. What is your total number of flying hours to date?

13. How many hours did you fly in the last 12 months

14. How many hours do you expect to fly in the next 12 months?


15. Do you take part in aviation competitions including aerobic, stunt or military display flying? No  Yes  (Please provide full details)

16. Do you fly experimental or prototype military aircraft? No  Yes  (Please provide full details)

### Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured



Date