

First and last names of insured: _____

| Y | Y | Y | Y | M | M | D | D |

Date of Birth

Policy/application number

1. a) Please provide service, division, unit and rank details:

b) What is your current situation?

Active Reserve active Reserve inactive Retired Other, specify: _____

c) What are your current duties?

Duties	% of time
Total	100%

2. Do you participate in the following activities:

	Yes	No
• Weapons handling	<input type="checkbox"/>	<input type="checkbox"/>
• Explosives handling including demolition and ordnance disposal	<input type="checkbox"/>	<input type="checkbox"/>
• Underwater diving (if yes, complete underwater diving questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
• Aviation (if yes, complete aviation questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
• Parachuting (if yes, complete parachuting questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
• Special services	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you been alerted or placed on notice for overseas duties?

If yes, please provide details at question 4.

Yes No

4. What were your deployments in the last 10 years? If none, please check this box: None

Location	Date	Length	Duties

5. Additional information:

6. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

| A | A | A | A | M | M | J | J |

Date of signature

Protection of personal information

Protecting your personal information is a priority for Beneva. To find out more about our practices, please consult the *Personal Information Protection Statement* located at Beneva.ca.