Armed Forces

Important information

Please remember that if you do not answer the following questions fully and accurately it may mean that a claim may not be paid and your policy may be amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Name	Title Initials Surname	
Date of Birth		
Application Number/Reference		
1 Which of the following armed services are you a member of?	a) Army	
	b) Royal Air Force (excluding the RAF Regiment)	
	c) Royal Air Force (the RAF Regiment)	
	d) Royal Navy (excluding Royal Marines)	
	e) Royal Marines	
2 Are you engaged in any of the following?	a) Bomb disposal, mine clearance or any special duties? Yes	No
	b) Diving? Yes	No
	c) Fast jet pilot or air crew?	No
	d) Fast jet instructor?	No
	e) Helicopter pilot or air crew?	No
	f) Helicopter search and rescue or winchman? Yes	No
	g) Parachuting competitions or displays?	No
	h) Red Arrows or other aerobatics?	No
	i) Using explosives? Yes	No
	If you answered 'Yes' to any part of this question, please give full details in the activities.	ncluding the frequency of



3 Are you due to go on a tour of duty to an active theatre of operations within 6 months?	Yes No If 'Yes', please give details including duration of expected service, if known.
4 Are you:	a) within the regular armed services?
	b) a reservist?
5 Are you a member of the SAS (Special Air Service) or SBS (Special Boat Service)?	Yes No Unable to answer
6 If you have any further information not covered by the previous questions please provide it here, e.g. if there is any reason why you would not be deployed to an active theatre of operations or area of conflict please give details here including timescales involved.	
DECLARATION	
	to the best of my knowledge and belief, true and complete. tion requested in this questionnaire are taken into account when assessing acceptance of the application and
	nswer the questions fully and accurately, it may mean that a claim may not be paid and your policy may be
	rt of my application for life, critical illness or income protection and I also agree to inform Legal & General of e date of this questionnaire and the issue of the policy contract.
Signature	
Date	
Contact us	
egalandgeneral.com	

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