Questionnaire
Military

SSQ, Life Insurance Company Inc.
1225 Saint-Charles Street West, Suite 200, Longueuil, Quebec J4K 0B9

General Information

First Name

Last Name

Policy / Application #

Date of Birth Y Y Y Y M M D D

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

2. Are you full-time, part-time (e.g. reserve or territorial) or retired?

3. Where are you currently stationed?

4. Do you expect to be re-stationed or relocated? YES ☐ NO ☐
   If yes, please provide details:

5. Please provide details of your actual duties:

Duties	% of time
TOTAL	100%

6. Do you intend to participate in any of the following activities:

	YES	NO
• Weapons handling	☐	☐
• Explosives handling including demolition and ordnance disposal	☐	☐
• Underwater diving	☐	☐
• Aviation (please indicate whether pilot or crew, type of aircraft, annual flying hours etc.)	☐	☐
• Parachuting	☐	☐
• Special services	☐	☐
• Overseas peace keeping mission	☐	☐

If you answered yes to any of the above questions, please provide full details:

7. Have you been alerted or placed on notice for overseas duties? YES ☐ NO ☐
   If yes, please provide details:

8. Please provide any additional information that you feel is important:

9. 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)

Date of signature Y Y Y Y M M D D