

B. EXEMPTION STATUS. Check status that applies to you and complete the questions that follow.

ACTIVATED MILITARY PERSONNEL

Initially enlisted in the armed forces.

Military status changed to active duty. Date of activation to active duty. _____
(Attach copy of orders.)

GO ON TO SECTION D.

OLDER AND INFIRM PERSON

(You must meet both age and infirmity requisites to qualify.)

Date of Birth _____ (Attach copy of birth certificate.)

Provide a detailed description of the physical or mental illness, disability or impairment.

(Attach a physician's letter documenting your infirmity.)

GO ON TO SECTION C.

C. EMPLOYMENT STATUS.

Are you able to work? Yes No If no, your Physician's letter must confirm this status.

If unemployed, state date of last employment _____

D. INSURANCE BENEFITS. Complete this section if you are a surviving spouse.

Date and place of Spouse's death _____

Total amount of insurance received _____

Name of insurance company or fraternal society _____

E. FAMILY ASSISTANCE. Complete this section if you are receiving any financial assistance from family members.

<u>Name</u>	<u>Relationship</u>	<u>Residence</u>	<u>Occupation</u>	<u>Wages</u>	<u>Assistance Given</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____