

# APPLICATION FOR NATIONAL SERVICE LIFE INSURANCE

UNDER SECTION 602 (a) NATIONAL SERVICE LIFE INSURANCE ACT OF 1940 AS AMENDED AND REGULATIONS OF THE VETERANS ADMINISTRATION  
WITHOUT REPORT OF PHYSICAL EXAMINATION

For use by persons in the active service in the land or naval forces of the United States within 120 days after the date of entrance into the active service. NOTE.—Persons in the active service more than 120 days and persons who reenter the active service (including persons discharged to accept commissions), where such reentrance is a continuation of previous active service without interruption, must make application on Insurance Form 350a, which requires a complete report of physical examination. USE INK OR TYPE.

1. NAME IN FULL: (Please print or type) First **James** Middle **Chester** Last name **Sheehan**

2. HOME ADDRESS: Number **804** Street or rural route **N. Catherine Ave.** County, city, town, or post office **LaGrange** State **Ill.**

3. I WAS BORN AT City, town, or post office **Galesburg, Ill** Day of month **24th** Month **Oct.** Year **1906** Age nearest birthday **37**

4. DATE OF ENTRY INTO PRESENT TOUR OF ACTIVE DUTY **June 25, 1943** 5. PRESENT ORGANIZATION Rank, grade, or rating **Pvt.** Organization, regiment, station, ship, etc. **Recruit Reception Center** 6. SERIAL NUMBER **36,756,196**

7. DATE OF SEPARATION FROM LAST TOUR OF ACTIVE DUTY. (If no previous active duty, state "none.") **None** 8. ARE YOU NOW DISABLED ON ACCOUNT OF INJURY OR DISEASE? IF SO, STATE DETAILS **No**

9. I HEREBY APPLY FOR INSURANCE ON THE FIVE-YEAR LEVEL PREMIUM TERM PLAN IN THE AMOUNT OF \$ **10,000**

10. ARE YOU NOW CARRYING GOVERNMENT LIFE INSURANCE? (ANSWER "YES" or "NO") **No** IF "YES" GIVE AMOUNT OF INSURANCE AND POLICY NUMBER IF AVAILABLE. AMOUNT, \$ \_\_\_\_\_ POLICY No. \_\_\_\_\_  
(No person may carry a combined amount of National Service Life Insurance and U. S. Government Life Insurance in excess of \$10,000 at any one time)

11. COMPLETE NAME OF EACH BENEFICIARY (If married woman, her own first and middle name and husband's last name must be stated)	Relationship	Amount of insurance to be paid to each beneficiary	Post-office address (Number and street, city, town, or post office and State)
PRINCIPAL <b>Grace Madalyn Sheehan</b>	<b>wife</b>	<b>10,000</b>	<b>804 N. Catherine Ave., LaGrange, Ill.</b>
CONTINGENT <b>Adelaide Cora Sheehan</b>	<b>Mother</b>	<b>10,000</b>	<b>340 N. Spring, LaGrange, Ill.</b>

Permitted class of beneficiaries: Husband or wife, child, parent, brother, or sister of the insured. (For further information see reverse side, paragraph 2.)

12. I REQUEST THE POLICY BE MAILED TO—(Please print or type)  
**Grace M. Sheehan** (Full name) **804 N. Catherine Ave., LaGrange, Ill.** (Address)

13. EFFECTIVE DATE OF INSURANCE (see reverse side, paragraph 1). I REQUEST THAT THE EFFECTIVE DATE of this policy be made the **10th** day of **July**, 19 **43** and

A. I enclose herewith remittance payable to the TREASURER OF THE UNITED STATES by \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in payment of the first \_\_\_\_\_ premium on the insurance, or \_\_\_\_\_ (Check, draft, or money order)

B. I will register an allotment of pay involving advance of active service pay under the provisions of Public Law 451, 77th Congress, in payment of the first monthly premium of \$ **7.90** on the insurance, or \_\_\_\_\_

C. I will register an allotment of pay effective in the month in which application for insurance is signed, in payment of the first monthly premium of \$ \_\_\_\_\_ on the insurance.

If an effective date is not specified by the applicant, the insurance herein applied for shall become effective as follows:

(a) If the first premium is paid by direct remittance or by advance of active service pay under the provisions of Public Law 451, 77th Congress, the insurance shall become effective as of the date on which valid application is signed and such premium is tendered.

(b) If the first premium is paid by regular allotment of pay effective in the month in which application for insurance is signed, the insurance shall become effective as of the first day of the month following the month in which valid application and such allotment are executed, provided the applicant is then in the active service and the amount of the premium is deducted from the applicant's service pay in accordance with the allotment.

THE UNITED STATES IS NOT LIABLE IF DEATH OCCURS PRIOR TO THE EFFECTIVE DATE OF THE POLICY

DOUBLE DEDUCTION AUTHORIZED AS PER PUBLIC LAW 451, 77TH CONGRESS

14. I WILL PAY SUBSEQUENT PREMIUMS IN THE MANNER AND AMOUNT INDICATED BELOW:

A. BY ALLOTMENT OF PAY MONTHLY	B. BY DIRECT REMITTANCE TO THE VETERANS ADMINISTRATION			
	Monthly	Quarterly	Semiannually	Annually
\$ <b>7.90</b>	\$ _____	\$ _____	\$ _____	\$ _____

SIGNED AT **FORT CUSTER, MICHIGAN** ON THE **10th** DAY OF **July**, 19 **43**

WITNESSED BY: **S. F. BROWER, CAPT. CAV.**  
INFORMATION AS TO SERVICE CERTIFIED BY: **S. F. BROWER, CAPT. CAV.**  
(Rank and organization. See reverse side, paragraph 4.)

ASS'T. ADJ. **James P. Sheehan**  
(Applicant sign here. Do not print signature)

NOTE.—Penalties for fraud in securing for self or another the issue or payment of insurance: \$1,000 to \$5,000 fine and imprisonment. Insurance will be forfeited for mutiny, treason, spying or other specified offenses. (Sections 613, 615, and 612, National Service Life Insurance Act of 1940.)

DO NOT USE THIS SPACE

Effective Date \_\_\_\_\_ Age \_\_\_\_\_ Amt., \$ \_\_\_\_\_ Premium: Mo. \$ \_\_\_\_\_ Qr. \$ \_\_\_\_\_ S. A. \$ \_\_\_\_\_ A. \$ \_\_\_\_\_

Beneficiary \_\_\_\_\_

Action taken \_\_\_\_\_

Examiner \_\_\_\_\_ Reviewer \_\_\_\_\_

Certificate issued \_\_\_\_\_ Policy issued **ORIGINAL FORWARDED TO VETERANS ADMINISTRATION**

16-30586-1

ALL QUESTIONS MUST BE COMPLETELY ANSWERED