

TO BE COMPLETED BY ALL SOLDIERS

SM CATEGORY (CIRCLE ONE)

AD11- AD ARMY

F11-AD AIR FORCE

N11-AD NAVY

M11-AD MARINE

C11-AD COAST GUARD

A31-RET ARMY

F31-RET AIRFORCE

N31-RET NAVY

M31-RET MARINE

C11-RET COAST GUARD A12-ARMY RESERVE

A15-ARMY NATIONAL GUARD

UNIT: _____ DUTY PHONE NUMBER: _____

TO BE FILLED OUT BY BENEFICIARIES ONLY

SPONSOR INFORMATION:

LAST NAME: _____

FIRST NAME: _____

FULL SSN: _____

DOB: (DAY/MO/YR): ____/____/____

RANK: _____

(COMPLETED BY KAHC STAFF ONLY)

AHLTA ENC. COMPLETED BY: _____ DATE: _____

MEDPROS ENTRY COMPLETED BY: _____ DATE: _____