

W
10/21

27. Effective date, amount of insurance and premiums

29. Insurance canceled

Reinstated

28. Insurance increased to \$..... on
19....., from \$.....

30. Insurance reduced to \$..... on
19....., from \$.....

31. Statement of service from 19....., to 19.....

Camp or station.

Organization.

Period served in particular organization.

From 19....., to 19.....

02-9732

MSA SC 4126-24-12