United Nations
Health & Life Insurance Section

2022 DEDUCTIBLE & CO-INSURANCE CREDIT REQUEST FORM

FOR STAFF MEMBERS SWITCHING BETWEEN THE AETNA AND EMPIRE BLUE CROSS PLANS

Please submit the completed form to: Health and Life Insurance Section (HLIS)
Email: hlis@un.org – Fax: (917) 367-1670

Please Note: Applications cannot be accepted without proof of deductible and co-insurance (out of pocket) met. You must attach either the original explanation of benefits (EOB) statement(s) or a letter from your previous insurance administrator attesting to the level of deductible and co-insurance met for yourself and/or your dependant(s). The application deadline is 31 August 2022. All requests for deductible and co-insurance credit will be forwarded to the insurance carriers in September 2022. Any credit due against deductible and co-insurance applied by the new insurance administrator will be processed by the end of September 2022.

1. EMPLOYED BY: ☐UN Secretariat ☐ UNDP ☐UNICEF ☐UNOPS ☐OTHER _____
(MUST SELECT ONE) *(Please Specify Organization)*

2. LAST NAME:	3. FIRST NAME:	4. DATE OF BIRTH: _____/_____/_____ **Day Month Year**	5. SEX: M F Other	6. INDEX No.:

7. OFFICE ROOM No.:	8. OFFICE TEL. No.:	9. OFFICE EMAIL:

10. CHANGED PLANS:

FROM: AETNA PPO **TO**: EMPIRE BLUE CROSS PPO ☐

FROM: EMPIRE BLUE CROSS PPO **TO**: AETNA PPO ☐

11. THE FOLLOWING AMOUNTS HAVE BEEN APPLIED TOWARD THE 2022 CALENDAR YEAR DEDUCTIBLE & CO-INSURANCE

UNDER **AETNA PPO** ☐ **EMPIRE BLUE CROSS PPO** ☐

FOR MYSELF AND/OR MY FAMILY MEMBERS AS LISTED BELOW:

LAST NAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP	AMOUNT

12. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND HAVE ATTACHED HEREWITH THE ORIGINAL EXPLANATION OF BENEFITS (EOB) STATEMENT(S) ATTESTING TO THE LEVEL OF DEDUCTIBLE & CO-INSURANCE MET FOR MYSELF AND/OR EACH DEPENDANT AS LISTED ABOVE IN ACCORDANCE WITH THE PROVISIONS OF THE UNHQ ADMINISTERED HEALTH PLANS.

DATE _____ SIGNATURE _____
(Day/Month/Year)