ACTION:	scanned ☐	counted for statistics ☐	coded by:	date:	SR#:

United Nations
Health & Life Insurance Section

2023 ANNUAL ENROLLMENT CAMPAIGN

GROUP MEDICAL & DENTAL INSURANCE APPLICATION / REQUEST FOR CHANGE

Please submit completed form to: Health and Life Insurance Section (HLIS),
Email: hlis@un.org

EFFECTIVE DATE FOR ALL CAMPAIGN TRANSACTIONS WILL BE: 1 JULY 2023

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	6. INDEX No.:

7. MAILING ADDRESS:

_____
(Street) (Apt. #) (City) (State) (Zip Code)

PLEASE NOTE: Your current mailing address must be reflected in Umoja, Atlas, SAP or oneUNOPS, as applicable, in order to receive insurance cards, reimbursement cheques and other insurance administrator communications. Please see the back of this form for more details.

8. OFFICE ROOM No.:	9. OFFICE TEL. No.:	10. OFFICE E-MAIL:	11. GRADE/LEVEL:

12. TYPE OF CONTRACT: ☐ PERMANENT ☐ CONTINUING ☐ FIXED TERM ☐ TEMPORARY

FOR FIXED TERM AND TEMPORARY APPOINTMENTS: CONTRACT FROM: TO:

13. IF SPOUSE IS EMPLOYED BY THE UNITED NATIONS OR UN AGENCY PLEASE INDICATE BELOW:

NAME: INDEX No.: OFFICE/DEPT.: GRADE/LEVEL:

MEDICAL

14. PLEASE CHECK AS APPROPRIATE:

☐NEW MEDICAL COVERAGE
☐CHANGE OF MEDICAL PLAN
Name of current Plan: _____ ID. No. (for HIP): _____

☐ADD SPOUSE/CHILD(REN) (as listed in item 18 below)
☐DELETE SPOUSE / CHILD(REN) (as listed in item 18 below)
☐TERMINATE MEDICAL COVERAGE

15(a). **MEDICAL** PLAN:
☐AETNA PPO
☐EMPIRE BLUE CROSS PPO
☐UN WWP
☐UN MIP

15(b). TYPE OF **MEDICAL** COVERAGE:
☐STAFF MEMBER ONLY
☐STAFF MEMBER & SPOUSE
☐STAFF MEMBER & ONE CHILD
☐FAMILY (three or more persons)

DENTAL*

16. PLEASE CHECK AS APPROPRIATE:

NEW DENTAL COVERAGE
☐ADD SPOUSE / CHILD(REN) (as listed in item 18 below)
☐DELETE SPOUSE / CHILD(REN) (as listed in item 18 below)
☐TERMINATE DENTAL COVERAGE

** If selecting the UN Worldwide Plan (UN WWP) in 15(a), you cannot enroll in a dental plan. If switching to UN WWP, please check* **TERMINATE DENTAL COVERAGE.**

17(a). **US DENTAL** PLAN:
☐CIGNA DENTAL PPO

17. TYPE OF **DENTAL** COVERAGE:
☐STAFF MEMBER ONLY
☐STAFF MEMBER & SPOUSE
☐STAFF MEMBER & ONE CHILD
☐FAMILY (three or more persons)

18. LIST BELOW SPOUSE AND/OR CHILDREN **LAST NAME**	**FIRST NAME**	SEX M	F	RELATIONSHIP Spouse/Son/Daughter	DATE OF BIRTH **Day/Month/Year**	PLEASE CHECK APPROPRIATE BOX **ADD**		**DELETE**	
						☐Medical	☐Dental	☐Medical	☐Dental
						☐Medical	☐Dental	☐Medical	☐Dental
						☐Medical	☐Dental	☐Medical	☐Dental
						☐Medical	☐Dental	☐Medical	☐Dental
						☐Medical	☐Dental	☐Medical	☐Dental

19. MARRIAGE DATE: (Day/Month/Year) _____/_____/_____

NOTE: Spouse and child(ren) must be registered in Umoja, Quantum, SAP or oneUNOPS as household members. An unmarried child not in full time employment is insurable until the end of the calendar year in which he/she reaches the age of 25.

20. I hereby authorize my Organization to make deductions from my salary appropriate to the type of insurance plan requested. I certify that the information provided above is correct. **I acknowledge that voluntary termination of insurance coverage for myself and/or any covered dependant(s) can only be requested during the Annual Enrollment Campaign period, and no further changes will be allowed after the campaign period ends without me having a qualifying work or life event as described at the back of this form.**

DATE: (**Day/Month/Year**) _____ SIGNATURE: _____

NOTES FOR APPLICANTS

Application for enrollment in the UNHQ administered health plans must be made within 31 days of becoming eligible for the coverage.

Staff members who do not apply for coverage, do not add dependants to their insurance plans within 31 days of their eligibility dates, who wish to change plans, reinstate coverage for themselves, re-enroll dependants, or terminate coverage may do so ONLY during the ANNUAL ENROLLMENT CAMPAIGN held in the month of June.

ENROLLMENT

Staff members are eligible to join the UNHQ administered health plans upon the following qualifying work events:

- Receipt of an initial continuing or fixed term appointment
- Receipt of a temporary appointment for 3 months or longer
- Transfer of duty stations with an appointment of 3 months or longer
- Reappointment or reinstatement
- Transfer or secondment to organization participating in the UNHQ administered plans

CHANGES/TERMINATIONS BASED ON THE FOLLOWING QUALIFYING LIFE EVENTS

Addition of Dependants:

- Upon marriage, birth or legal adoption of a child. A completed application for enrollment **must be received** by HLIS **within 31 days** of the event giving rise to eligibility to enroll.

Termination of Coverage:

- Voluntary termination of medical and/or dental coverage for a staff member and/or their covered dependant (s) can **only** be requested during the annual enrollment campaign or within 31 days of return from Special Leave Without Pay
- Upon divorce from spouse
- Upon marriage or full-time employment of covered child
- Upon decease of a family member
- At the end of the calendar year in which a dependent child attains age 25.

REQUIREMENTS

The UN Worldwide Plan (UN WWP) administered by Cigna International:

- The UN Worldwide Plan (UN WWP) is an international plan which includes both medical and dental coverage. It is designed for staff members and/or covered dependants who reside outside of the United States (US). It does not provide adequate coverage in the US with its high medical costs. Please note that staff members whose duty station is in the US or who have dependants residing in the US may not apply for coverage under the UN Worldwide Plan.

Proof of Contractual Status:

- If personnel action has not been completed in Umoja, Quantum, SAP or oneUNOPS, a copy of a Letter of Appointment, travel authorization or other official document clearly stating the type of appointment, duration and effective date must be submitted with the application for enrollment in the health insurance plans.

Proof of Household Member Status:

- Household member record must be reflected in Umoja, Quantum, SAP or oneUNOPS with effective date of recognition no later than 1 July 2023.

Mailing Address:

- It is the staff member's responsibility to ensure that their current mailing address is reflected in the Organization's administrative system (i.e., Umoja, Quantum, SAP or oneUNOPS) as this information is transmitted to the health insurance administrators. UN staff members can update their address through Umoja Employee Self Service (ESS). Staff from other organizations should contact their respective Global Service Centres to request such updates. Enrollment information is transmitted electronically to the insurance administrators twice a month only.