date:

	2024 ANNUAL ENROLLMENT CAMPAIGN										
United Nations Health & Life Insurance Section	GROUP MEDICAL & DENTAL INSURANCE APPLICATION / REQUEST FOR CHANGE UN Secretariat staff shall submit the completed form to: Health and Life Insurance Section (HLIS), Email: ashi@un.org If you are a staff member of another organization that is not included in Umoja (e.g. UNDP, UNICEF, UNFPA, UN WOMEN and UNOPS), you are required to submit this form to your respective organization										
EFFECTIVE DAT	E FOR ALL CAMPA	IGN	I TR		IS WI	LL BE:	1 JL	JLY 20)24		
1. EMPLOYED BY: UN Secretariat UNDP UNICE (MUST SELECT ONE)				UNOPS OTHER (Please Specify Organization)							
2. LAST NAME:	3. FIRST NAME:			4. DATE C //	DF BIRTI	H: _/ Year	5. SEX: □m □f	(6. INDEX N	10.:	
7. MAILING ADDRESS:											
(Street) <u>PLEASE NO</u> TE: Your current mailing addres administrator communicatio	(Apt. #) s must be reflected in Umoja, Quantum ons. Please see the back of this form for	ı, SAP			in order to	(State) receive insu	(Zip Code) rance cards, re	imbursemen	— t cheques an	d other	
8. OFFICE ROOM No.: 9. OFF	ICE TEL. No.: 10			FFICE E-MAIL:				11. GRADE/LEVEL:			
				ENT CONTINUING FIXED TERM T FROM: TO:				EMPORARY			
13. IF SPOUSE IS EMPLOYED BY THE UNITED	NATIONS OR UN AGENCY PLEASE	INDIC	ATE B	ELOW:							
NAME: INDEX No.: OFFICE/DEP				T.: GRADE/LEVEL:							
MEDICAL				DENTAL*							
14. PLEASE CHECK AS APPROPRIATE: Instruction Instruction Instruction				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.							
AETNA PPO ANTHEM PPO STAFF MEMBER & ONE CHILD	5(b). TYPE OF MEDICAL COVERAG STAFF MEMBER ONLY STAFF MEMBER & SPOUSE STAFF MEMBER & ONE CHILD FAMILY (three or more persons)		17(a). US DENTAL P	DF DENTAL COVERAGE: MEMBER ONLY MEMBER & SPOUSE MEMBER & ONE CHILD Y (three or more persons)							
18. LIST BELOW SPOUSE AND/OR CHILDREN			EX F	RELATIONSHIP Spouse/Son/Daughte		OF BIRTH onth/Year	PLEAS	E CHECK AI	PPROPRIATE BOX		
LAST NAME FIRST NAME		м			Day/W	onun/ i eai			<u> </u>	ETE	
										Dental	
							Medical	Dental	Medical	Dental	
								Dental		Dental	
							Medical	Dental	Medical	Dental	
19. MARRIAGE DATE: (Day/Month/Year) //	NOTE: Spouse and child(ren not in full time employment is ins								ers. An unma	arried child	
20. I hereby authorize my Organization to make that voluntary termination of insurance covera changes will be allowed after the campaign pe	ge for myself and/or any covered de	ependa	ant(s) o	can only be requested	during the	Annual En	rollment Cam				
DATE: (Day/Month/Year)	SIGNATUR	RE: _									

NOTES FOR APPLICANTS

Application for enrollment in the UNHQ administered health plans must be made within <u>31 days</u> 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 <u>ONLY</u> during the <u>ANNUAL</u> <u>ENROLLMENT CAMPAIGN</u> 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 2024.

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.