United Nations
Nations Unies

Group medical, hospital and dental Scheme

Application or request for change of coverage for active staff members

For ASHI purposes, use ASHI application form (ashi@un.org)

Subscriber

Last name - First name | E-mail

Address

UN index no. | Date of birth (d - m - y) | Sex ☐ M ☐ F

Organisation | Duty station | Date of entry on duty

Request

☐ New coverage to come into effect on

☐ Change of type of coverage from ☐ A ☐ B ☐ C (**) see below
to ☐ A ☐ B ☐ C

☐ Additions: eligible family members as indicated below

☐ End of coverage for ☐ staff member, to come into effect on
☐ eligible family members as indicated below

☐ Change name from to

(**) Type of coverage requested (N.B. unmarried dependent child is insurable until the end of the year in which he/she turns 25. Child is considered dependent if not in full time employment.)

☐ A: Staff member only
☐ B: Staff member and one eligible family member
☐ C: Staff member and two or more eligible family members

Eligible family members (only those who are eligible for the Cigna World Wide Plan 'WWP')

Please indicate to which member the change applies.

Name	Sex	Relationship	Date of birth	Marriage date	Date end coverage	US [1]
☐						☐
☐						☐
☐						☐
☐						☐
☐						☐

[1] Do you have dependents residing in the USA? ☐ Yes, please tick box above ☐ No

Is your spouse employed by the United Nations? ☐ Yes ☐ No

Are you or your eligible family members named above currently enrolled in any other health insurance scheme? ☐ Yes ☐ No

If yes, please indicate which scheme

Under another UN scheme, coverage will cease from the date you are enrolled in the Cigna World Wide Plan 'WWP'.
Do you or your eligible family members named above have any other medical, hospital or dental insurance? ☐ Yes ☐ No

If yes, please indicate

Employer's name

Address

Insurance company's name and address

Type of coverage

I hereby authorize the United Nations to make deductions from my salary to cover contributions to premiums at the rate appropriate to the coverage requested.

Creation date | Signature

Signature date

Not applicable for staff members administered through the UN Insurance Section in NY

Personnel Adm. Section

Received by | Date

Coverage to be effective

Payroll Section

Coded	Audited	Batch no.	Month

Effective date	MOTA	Currency code

5.46.8.25 GMS (0115)