



ACTION:	CODED BY:	DATE:	SR#:
<b>GROUP MEDICAL &amp; DENTAL INSURANCE APPLICATION / REQUEST FOR CHANGE</b>			
Submit form to: Insurance Service, Room FF-300, New York 10017 or email <a href="mailto:insurance-unhq@un.org">insurance-unhq@un.org</a> or fax (917) 367-1670			



1. EMPLOYED BY: UN Secretariat	UNDP/UNFPA/UNOPS	UNICEF	OTHER (Specify Organisation) _____
<b>(MUST SELECT ONE)</b>			

2. LAST NAME:	3. FIRST NAME:	4. DATE OF BIRTH: <small>Day / Month / Year</small>	5. SEX: Female Male	6. INDEX No.
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7. MAILING ADDRESS \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (ZIP Code)

**PLEASE NOTE:** YOU **MUST REGISTER YOUR MAILING ADDRESS** WITH YOUR HUMAN RESOURCES OFFICE OR EXECUTIVE OFFICE FOR ENTRY IN IMIS, ATLAS OR SAP IN ORDER TO RECEIVE INSURANCE ID CARDS, REIMBURSEMENT CHECKS & INSURANCE CARRIER'S COMMUNICATIONS.

8. OFFICE ROOM No.	9. OFFICE TEL. No.	10. OFFICE E-MAIL	11. GRADE/LEVEL
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12. TYPE OF CONTRACT: PERMANENT CONTINUING FIXED TERM TEMPORARY

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
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14. **LIFE INSURANCE:** IF YOU HAD PRIOR COVERAGE, AND HAVE TRANSFERRED/BEEEN REAPPOINTED TO HQ OR REINSTATED AFTER A BREAK IN SERVICE, PLEASE INDICATE IF YOU WISH TO RE-ENROLL. THIS MUST BE DONE WITHIN 60 DAYS OF YOUR EFFECTIVE DATE: YES NO

APPLICATION/CHANGE REQUEST FOR <b>MEDICAL</b> YES NO	APPLICATION/CHANGE REQUEST FOR <b>DENTAL</b> YES NO
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15. PLEASE CHECK AS APPROPRIATE:

NEW **MEDICAL** COVERAGE

TRANSFERRED FROM: Dept./Org.: \_\_\_\_\_

RE-INSTATEMENT AFTER BREAK IN SERVICE

RETURN FROM SPECIAL LEAVE WITHOUT PAY (SLWOP):

ADD SPOUSE/CHILD(REN) (as listed in item 19 below)

DELETE SPOUSE/CHILD(REN) (as listed in item 19 below)

TERMINATE **MEDICAL** COVERAGE

17. PLEASE CHECK AS APPROPRIATE:

NEW **DENTAL** COVERAGE

TRANSFERRED FROM: Dept./Org.: \_\_\_\_\_

RE-INSTATEMENT AFTER BREAK IN SERVICE

RETURN FROM SPECIAL LEAVE WITHOUT PAY (SLWOP)

ADD SPOUSE/CHILD(REN) (as listed in item 18 below)

DELETE SPOUSE/CHILD(REN) (as listed in item 18 below)

TERMINATE **DENTAL** COVERAGE

16(a). **MEDICAL PLAN:**

AETNA OPEN CHOICE PPO

EMPIRE BLUE CROSS PPO

HIP/HMO

16(b). TYPE OF **MEDICAL** COVERAGE:

STAFF MEMBER ONLY

STAFF MEMBER & SPOUSE

STAFF MEMBER & ONE CHILD

FAMILY (three or more persons)

18(a). **DENTAL PLAN:**

CIGNA

18(b). TYPE OF **DENTAL** COVERAGE:

STAFF MEMBER ONLY

STAFF MEMBER & SPOUSE

STAFF MEMBER & ONE CHILD

FAMILY (three or more persons)

19. LIST SPOUSE & CHILDREN BELOW:						PLEASE CHECK APPROPRIATE BOX			
LAST NAME	FIRST NAME	SEX		RELATIONSHIP <small>Spouse/Son/Daughter</small>	DATE OF BIRTH <small>Day/Month/Year</small>	ADD		DELETE	
		F	M			Medical	Dental	Medical	Dental

20. FOR NEW COVERAGE & ADDITION OF DEPENDENTS, PLEASE INDICATE BELOW: **PREMIUM IS NOT PRORATED REGARDLESS OF SELECTION**

I WISH THE COVERAGE TO START ON THE ELIGIBILITY DATE (Appointment date/entry on duty; date of marriage; birth or adoption of child)

I WISH THE COVERAGE TO START ON THE FIRST OF THE MONTH FOLLOWING THE ELIGIBILITY DATE. (Not valid for birth or adoption of child)

21. MARRIAGE DATE: (Day / Month / Year) \_\_\_\_\_

**NOTE: Spouse and child(ren) must be registered in IMIS, ATLAS or SAP as household members.** Unmarried dependent child not in full time employment is insurable until the end of the calendar year in which he/she reaches the age of 25.

22. I HEREBY AUTHORISE THE UNITED NATIONS TO MAKE DEDUCTIONS FROM MY SALARY APPROPRIATE TO THE TYPE OF INSURANCE PLAN REQUESTED, AND I CERTIFY THE INFORMATION PROVIDED ABOVE IS CORRECT. **I ACKNOWLEDGE THAT VOLUNTARY TERMINATION OF MEDICAL AND/OR DENTAL COVERAGE FOR MYSELF AND/OR MY ELIGIBLE HOUSEHOLD MEMBERS CAN ONLY BE REQUESTED DURING THE ANNUAL INSURANCE CAMPAIGN. IN ADDITION, I UNDERSTAND THAT MONTHLY PREMIUMS ARE NOT PRORATED REGARDLESS OF SELECTION ABOVE.**

DATE: (Day/Month/Year) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## NOTES FOR APPLICANTS

Application for enrolment in the U.N. group medical insurance must be made within 31 days of becoming eligible for the coverage.

Staff members who do not apply for coverage or who do not add dependents to their insurance plans within 31 days of their eligibility dates, as well as those who wish to change plans, reinstate coverage for themselves or re-enrol dependents, may do so **ONLY** during the ANNUAL ENROLMENT CAMPAIGN, held in the first week of the month of June.

### ENROLMENT

Staff members are eligible to join the Headquarters Group Health Insurance coverage upon:

- Receipt of an initial continuing or fixed term appointment
- Receipt of a temporary appointment for 3 months or longer.
- Transfer to Headquarters from another duty station with an appointment of three months or longer.
- Return from break in service, if covered prior to break.
- Return from Special Leave Without Pay, if covered prior to taking leave.
- Assignment to a mission for three months or longer, provided that the application is made prior to the departure for such mission.
- Insurance premiums are not prorated.

### CHANGES/TERMINATIONS

#### Addition of Dependents:

- Upon marriage, birth or legal adoption of a child. A completed application for enrolment **must be received** by the Insurance Service **within 31 days** of the event giving rise to entitlement to enrol.

#### Deletion of Dependents:

A spouse and/or child may be deleted from the coverage under the following conditions:

- Staff member becomes divorced
- Child becomes married /receives full-time employment/25 (31 December of the year)

#### Termination of Coverage:

- Voluntary termination of medical and/or dental coverage can only be requested during the annual insurance campaign.

### REQUIREMENTS

#### Proof of Contractual Status:

- Copy of IMIS, ATLAS or SAP Personnel Action form, Letter of Appointment or other official document clearly stating the type of appointment, duration and effective date must be submitted with any application for enrolment in the insurance coverage.

#### Proof of Household Member Status:

- Copy of IMIS, ATLAS or SAP record recognising household member status of dependents by the United Nations is required for the inclusion of an eligible spouse and/or child(ren).