



## AUTHORIZATION FOR DEDUCTION FOR AFTER-SERVICE HEALTH INSURANCE (ASHI) PREMIUM FROM UNITED NATIONS JOINT STAFF PENSION FUND (UNJSPF) PENSION BENEFITS

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

1. UNJSPF ID:	2. UNJSPF RETIREMENT NO:	3. UN MIP ref nr:	4. UN Index No:
5. LAST NAME:	6. FIRST NAME:	7. DATE OF BIRTH: ____/____/____ Day      Month      Year	8. SEX: M      F
9. RETIREMENT DATE: ____/____/____ Day      Month      Year	8. FORMER DUTY STATION:	9. EMAIL:	
10. MAILING ADDRESS (INCL STREET, NR, CITY, ZIP CODE AND COUNTRY):			
<p>I hereby authorize the United Nations Joint Staff Pension Fund to deduct from my monthly pension benefit, and to remit directly to the relevant organization, my premium to the organization's health insurance scheme. I am aware that the amount of the deduction may be revised in the future, due to changes in the amount of premium required and/or in the level of my pension benefit, or to settle arrears.</p> <p>I also authorize the United Nations Joint Staff Pension Fund to provide from time to time, as required, to the office(s) of the organization responsible for administering the health insurance scheme, information on the amount of my pension and its basis of calculation, as may be required for determination of the insurance premium.</p> <p>I have noted that should I decide to withdraw or change my insurance coverage I must provide written notice to the office(s) of the organization responsible for administering the health insurance scheme and not to the Pension Fund. Such notice should be submitted at least months in advance.</p> <p>I have also noted that I have to address all queries concerning health insurance premiums and deductions to the appropriate office(s) of the organization, and not to the United Nations Joint Staff Pension Fund.</p>			
DATE _____ (Day/Month/Year)		SIGNATURE _____	