



UN Group Life Insurance Beneficiary Certification Form 1

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

****Please Note: This form is to be completed by United Nations Group Life Insurance beneficiaries who do not have a United States Social Security Number and do not reside in the United States of America.***

| | |
|------------------------------|---------------------------------------|
| Name (Last, First): _____ | Date of Birth: (DD/MM/YY) _____ |
| Phone Number: _____ | Email: _____ |

Address:

I hereby certify that I do not have a United States Social Security Number and do not reside in the United States.

Date: _____ (DD/MM/YY) Signature of Beneficiary: _____