



MIP Enrollment Form

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

ORGANIZATION: UN OTHER _____

DUTY STATION: (COUNTRY/CITY) _____

DATE OF ENROLLMENT: _____

SUBSCRIBER INFORMATION

1. Active staff member Retiree (after service)
 Participating survivor (after service) Appendix D beneficiary (after service)
2. Number of persons covered (including subscriber) _____
3. Category of coverage requested:
 (a) Subscriber only
 (b) Subscriber and one family member
 (c) Subscriber and two, three or four family members
 (d) Subscriber and five or more family members

PERSONAL DATA

4. Name of subscriber (last name, first):	Sex:	Marital status:	Date of birth (DD/MM/YY):
---	------	-----------------	---------------------------

Payroll Index No.:

5. Name of spouse (last name, first):	Sex:	Date of marriage (DD/MM/YY):	Date of birth (DD/MM/YY):
---------------------------------------	------	------------------------------	---------------------------

6. Insurable children (list in descending order of age)*:

	NAME	Sex			Date of birth			Is child married?		Is child employed on full-time basis?	
		F	M	Other	D	M	Y	Y	N	Y	N
01		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: Spouse and child(ren) must be registered in the respective organization's ERP system as household members. A child who is neither married nor employed full time is eligible to be insured until the end of the calendar year in which the child reaches the age of 25.

Signature:

Date:

8. Date verified (DD/MM/YY):	Name of administrative officer:	Signature of administrative officer:
------------------------------	---------------------------------	--------------------------------------