



Application for Coverage under the SHORT-TERM INSURANCE POLICY for Conferences and other Short-term Services

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

Name (<i>Last, First</i>): _____	Date of Birth: (<i>DD/MM/YY</i>) _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Index No.: _____	Grade/Step: _____	
Dept.: _____	Room: _____	
Div.: _____	Ext.: _____	

Local Address:

Period of Employment from: _____ to: _____

I understand that coverage is limited to myself and provides for reimbursement of medical and hospital treatment costs for emergency and immediate procedures only.

I hereby agree to have the United Nations make the appropriate deductions from my salary for the requested medical insurance coverage for the period of employment.

Date: _____
(*DD/MM/YY*)

Signature: _____