

Application for UN MIP After Service Health Insurance (ASHI) &

Pension Fund Deduction of Premiums

Please submit the completed form to: Health and Life Insurance Section (HLIS), Email: <u>ashi@un.org</u> – Fax (917) 367-9727

SECTION 1 - Applicant Information (*Please print all information clearly*)

Name (Last, First):	Payroll Index Number:	UNJSPF ID (Pension Number):
Mailing Address (incl street, nr, city, zip code and country)*:	Country of residence:	Date of Birth: (DD/MM/YYYY)
	Nationality:	Marriage Date, if applicable: (<i>DD/MM/YYYY</i>)
* Please note that you must provide an updated mailing address in order to receive insurance cards, reimbursement checks & insurance carriers 'communications.		

Office/Mission (eg MC	DNUSCO):	Number of years of participation in UN MIP:		
Duty Station:	Category and Grade:	Telephone Number:	Personal Email:	

Date of Separation/Retirement:	Please check appropriate box:
(if former staff member is deceased, Date of Decease)	Regular Retirement at 60, 62 or 65 Early Retirement Widow*/Widower*/Orphan
	Disability (must attach letter from Pension Fund)
	* Please note that you will lose this coverage upon re-marriage
If pension is <u>deferred</u> , or if no election is	
made, please attach the pension estimate from the	Are you deferring your pension?
Pension Fund reflecting full/unreduced pension. The application can NOT be processed	Have you requested a withdrawal settlement from UNJSPF?
without this estimate	Will you be receiving a monthly pension benefit from UNJSPF? 🔲 Yes 📃 No
	Important: selecting a withdrawal settlement from UNJSPF makes a retiring staff ineligible for ASHI

SECTION 2 - Dependant Coverage

IMPORTANT: If covered spouse was a former staff member, the higher-pensioned retiree must carry the insurance in ASHI and submit this application form.

Spouse	Name (Last, First):				e of Birth: ////////////////////////////////////	Nationality:	
Country of Res	sidency:	Permanent Resident:	Residency Start Date:	If spouse is/was a s/m provide Index #:	١,	Number o participatio	f years of on in UN MIP:

Child	Name (Last, First):	Gender:	:	Date of Birth: (<i>DD/MM/YYYY</i>)	Nationality:
Country of Res	idence:		Permanen	t Resident?] No	Residency Start Date:
Number of years of participation in UN MIP:		Please check if applicable:			

Please complete the other side.

If additional space for dependants is needed, please attach another form.

Child	Name (Last, First):	Gender:	F	Date of Birth (DD/MM/YYYY		Nationality:
Country of Resi	dence:		Permanent		Re	sidency Start Date:
Number of years of participation in UN MIP:				k if applicable Disability <i>(mus</i>		ch letter from Pension Fund)

Child	Name (Last, First):	Gender:	F	Date of Birth (DD/MM/YYY)		Nationality:
Country of Resi	dence:		Permanent		Res	sidency Start Date:
Number of years of participation in UN MIP:			Please check if applicable: Entitled Disability (must attach letter from Pension			h letter from Pension Fund)

Child	Name (Last, First):	Gender:	F	Date of Birth (<i>DD/MM/YYYY</i>		Nationality:
Country of Resi	dence:		Permanent		Res	sidency Start Date:
Number of years of participation in UN MIP:		Please check if applicable:		h letter from Pension Fund)		

SECTION 3 – National Insurance Eligibility

Complete if you or any dependants are/will be eligible for national insurance. (Please attach another form if more space is needed.)

Name of Person:	Name of the National Insurance:	Country:		
	Start Date: (<i>DD/MM/YYYY</i>)	End Date: (<i>DD/MM/YYYY</i>)		

Please note that all applicable fields should be filled, or the application will not be processed.

Pension Fund Authorization (Please sign the form and write out the date it was signed.)

I hereby authorize the United Nations Joint Staff Pension Fund (UNJSPF) to deduct from my monthly pension benefit, and to remit directly to the United Nations, the premium contribution for my After Service Health Insurance Coverage.

l also authorize UNJSPF to provide from time to time, as required, to the office(s) of the organization responsible for administering the insurance scheme, information on the amount of my pension and its basis of calculation, as may be required for determination of the i premium.

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.

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.

Applicant's Signature