

Child	Name (Last, First):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: (DD/MM/YYYY)	Nationality:
	Country of Residence:	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Residency Start Date:	
	Number of years of participation in UN MIP:	Please check if applicable: <input type="checkbox"/> Entitled Disability (must attach letter from Pension Fund)		

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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: (DD/MM/YYYY)	End Date: (DD/MM/YYYY)

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.

I 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 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

Date Signed (DD/MM/YYYY)