ANNEX II

PROCEDURES AND CONDITIONS GOVERNING THE SUBMISSION AND PROCESSING OF CLAIMS

PAYMENT OF BENEFITS

1. *Reimbursement procedure*

(a) Claims will be processed and benefits will be paid by the Financial Resources Management Service of the United Nations Office at Geneva from the funds of the Society. Claims must be sent to the Reimbursement Unit of the Society. Expenditure incurred in currencies other than Swiss Francs will be reimbursed in Swiss francs at the official United Nations exchange rate applicable on the date of processing of the invoice. In the case of a currency subject to wide fluctuation and at the written request of the member, reimbursement will be calculated at the official United Nations exchange rate applicable on the date of payment of the invoice if supporting evidence is attached at the time of submission of the Claim.

(b) In case of death of member, the "nomination of a beneficiary" he had made as a staff member in accordance with the Staff Rules shall be valid for purposes of determining the beneficiaries to whom any benefits due by the Society shall be payable. If the deceased insured person was a member of the family of the member, the benefits due by the Society shall be payable to the member or to the person deemed to be the head of the family for the purposes of the Society.

(c) Benefits shall normally be paid only to the member. In exceptional circumstances they may be paid to the person who actually paid the expenditure in respect of which the claim is made.

(d) The Society, after agreement with the member and a provider of services, may decide to pay the amounts reimbursable directly to the latter. A statement of the amounts paid and of any outstanding amount due to the provider of services shall be sent to the member.

(e) The Society may deduct from any benefit due to a member under these Rules any amount owed to it by that member.

2. *Formalities and vouchers to be produced*

(a) Basic benefits

(i) Claims must be made on a special form and accompanied by originals of bills or accounts made out in the name of the insured person, prior authorizations by the Medical Adviser (if any) and the prescriptions, certificates, estimates and other documents referred to in annex III. Duplicates, reminders or photocopies are not acceptable for reimbursement purposes. No modification, erasure or overwriting is permitted on bills.

(ii) Members must pay the expenses giving entitlement to reimbursement under these rules. The Society may require presentation of documentary evidence that payment has been made.

(iii) Doctors' bills and other bills must state the number and dates of the medical acts performed and their nature (consultations, visits, type of treatment, analysis, number of days of hospitalization, etc.) and their detailed costs.

(iv) Prescriptions duly established must not be older than six months and must be revalidated after the first renewal. Chemists' bills must state the names of the medicines purchased as well as the price and the date or purchase. If renewal of a course of treatment proves necessary, this must be specified on the prescription, with an indication of the treatment or medicine to be renewed, as well as the frequency of dosage and/or the amount.

(v) Dentists' bills must specify the date of beginning and end of treatment, the type of dental treatment and the cost.

(vi) Other bills or accounts must also contain all the particulars necessary to enable reimbursement to be made.

(vii) Medical treatment may be reimbursed only if the person dispensing the services has the right to practice and has been approved by the competent health authorities in the country in which the treatment is provided.

(b) Supplementary benefits

(i) Claims submitted by members shall be used for the calculation and payment of both basic and supplementary benefits. The classification of benefits shall be effected by the Society

(ii) Supplementary benefits shall be paid automatically when the annual threshold referred to in

rule VIII 6 *(b)* (ii) is reached.