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**AMENDMENTS TO THE INTERNAL RULES
OF THE SOCIETY APPLICABLE AS FROM 27 APRIL 2010**

In accordance with the ST/SGB/2009/6 dated 27 May 2009 for the purpose of implementing General Assembly resolution 63/250 adopted on 28 December 2008, establishing and approving new contractual arrangements within the UNITED NATIONS comprising three types of appointments (temporary, fixed-term and continuing), under one set of Staff Rules effective on 1 July 2009 and following issuance of Administrative instruction on the Administration of temporary appointments (ST/AI/2010/4 as re-issued on 28 May 2010), the Executive Committee of the United Nations Staff Mutual Insurance Society against Sickness and Accident (the Society) has recommended the below amendments to the Internal Rules of the Society to the Director-General who has approved these recommendations for retroactive implementation from 27 April 2010. Amendments relate to the following Internal Rules of the Society, on Rule III "Membership", Rule IV "Conditions for Admission", Rule VII "Premiums", and Annex V.

The details of changes to the Internal Rules are provided hereunder:

Rule III "Membership", "Members in service" is modified as follows:

1. "A member of the staff of the United Nations or of a specialized agency affiliated to the Society may participate as a member *in the main plan* of the Society provided that he or she is in possession of:

- (a) A permanent or continuing appointment;
- (b) A fixed-term or temporary appointment of a duration of three months or more;

2. *A member of the staff of the United Nations or of a specialized agency affiliated to the Society in possession of a temporary appointment of a duration of less than three months may participate to the temporary plan of the Society in accordance with the provisions of Annex V to the Internal Rules of the Society."*

SMIS/10/2

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3. "Any person who has been affiliated *with the Temporary plan of the Society* under the provision of Annex V for an uninterrupted period of *three months* may become a member with the same medical benefits as members covered by Rules 1. (a) and 1. (b) above. *Also, in such case, staff holding a temporary appointment joining the main plan of the Society may request that coverage be extended further to their eligible family members.*"

Rule IV 2. "Conditions for Admission" is modified as follows: "A member of the Society (other than the holder of a temporary appointment *of less than three months*) may obtain coverage by the Society for the following members of his family...."

Rule VII, "Premiums"^{6.}, the following sentence is added at the end of the paragraph: "Staff holding a temporary appointment do not accrue credits towards becoming eligible for After-Service Health Insurance."

Annex V "Fixed-term and Temporary staff with contracts of a duration of less than six months" is modified as follows: the title of Annex V reads now: "*Plan for Temporary staff with contracts of a duration of less than three months*";

The first title of Annex V "CONDITIONS OF ADMISSION TO THE SOCIETY AND PERIOD OF COVERAGE" is changed to become : "*CONDITIONS OF ADMISSION TO THE TEMPORARY PLAN OF THE SOCIETY AND PERIOD OF COVERAGE*".

The paragraphs under this first title are changed as follows: "Staff members holding a temporary appointment of a duration of less than *three months* may seek coverage under the *Temporary plan* of the Society. Holder of temporary appointments *initially of less than three months cannot insure the members of their families.*

The period of insurance coverage extends from the first to the last day of the *employment* contract, inclusive. The member of the Temporary plan of the Society cannot retain insurance coverage following the date of expiration of *her/his* contract, and expenses incurred after that date will not be reimbursed by the Society.

Benefits paid to staff insured under Rule *III* 2. of the Internal Rules of the Society shall be subject to the following procedure.

The paragraphs under title "BENEFITS" are changed as follows:

"Benefits shall be payable only for sickness or accident occurring in the course of employment and shall comprise only basic benefits. The supplementary benefits plan shall not apply. Benefits shall be paid in accordance with the procedure laid down by the Internal Rules of the Society and shall be calculated in the manner specified in annex III of these Rules, except for those benefits which are subject to an exclusion or limitation as prescribed below:

Exclusions: No benefit shall be paid for the following:

- Medical or paramedical benefits related to a long-term stay in a medicalized establishment (item 6)
- Long-term nursing care (item 8)
- Nursing and home-help charges (item 9)
- Benefits for care in the home (nursing or home-health services): assistance with hygiene and mobility (item 10)
- Cures (items 11 et 12)
- Treatments for obesity (item 13)
- Psychiatric and psychoanalytical treatment (item 18)
- Prosthetic appliances (item 20)
- Hearing aids and breathing device (item 21)
- Optical care (item 22)
- Dental treatment (item 23 and 24), only emergency treatments approved by the Medical Advisor will be reimbursed at 80% up to a maximum of CHF 500.-
- Maxillo-facial operations (item 25)
- Maternity (item 26)
- Infertility treatment (item 27)
- Transport (item 28)
- Funeral expenses (item 29)

Overall reimbursement ceiling: The overall amount of benefits paid by the Society shall be subject to a ceiling of CHF 20,000.- per accident or case of sickness and/or hospitalization.”

Title “EXTENSION OF COVERAGE AFTER SIX MONTHS” is changed to “*EXTENSION OF COVERAGE AFTER THREE MONTHS*” and paragraph below this title is changed to:

“Any person who has been affiliated for an uninterrupted period of *three* months under the *Temporary plan of the Society becomes eligible for joining the main plan of the Society* with the same medical benefits as members holding permanent, continuing, fixed-term and temporary contracts of more than three months. *In case a holder of a temporary contract is extended for a cumulative duration of three months or more, the staff member may also enrol her/his eligible family member in the main plan of the Society, this at the same time she/he enrolls her/himself to the main plan.*

The revised Annex V is attached in full for ready reference.

The Executive Secretary

ANNEX V
PLAN FOR TEMPORARY STAFF WITH CONTRACTS
OF A DURATION OF LESS THAN THREE MONTHS

CONDITIONS OF ADMISSION TO THE
TEMPORARY PLAN OF THE SOCIETY AND
PERIOD OF COVERAGE

Staff Members holding a temporary appointment of a duration of less than three months may seek coverage under the Temporary plan of the Society. Holder of temporary appointments initially of less than three months cannot insure the members of their families.

The period of insurance coverage extends from the first to the last day of the contract, inclusive. The member of the Temporary plan cannot retain insurance coverage following the date of expiration of her/his contract, and expenses incurred after that date will not be reimbursed by the Society.

Benefits paid to staff insured under Rule III 2. of the Internal Rules of the Society shall be subject to the following procedure.

BENEFITS

Benefits shall be payable only for sickness or accident occurring in the course of employment and shall comprise only basic benefits. The supplementary benefits plan shall not apply. Benefits shall be paid in accordance with the procedure laid down by the Internal Rules of the Society and shall be calculated in the manner specified in annex III of these Rules, except for those benefits which are subject to an exclusion or limitation as prescribed below:

Exclusions: No benefit shall be paid for the following:

- Medical or paramedical benefits related to a long-term stay in a medicalized establishment (item 6)
- Long-term nursing care (item 8)
- Nursing and home-help charges (item 9)
- Benefits for care in the home (nursing or home-health services): assistance with hygiene and mobility (item 10)
- Cures (items 11 et 12)

- Treatments for obesity (item 13)
- Psychiatric and psychoanalytical treatment (item 18)
- Prosthetic appliances (item 20)
- Hearing aids and breathing device (item 21)
- Optical care (item 22)
- Dental treatment (item 23 and 24), only emergency treatments approved by the Medical Advisor will be reimbursed at 80% up to a maximum of CHF 500.-
- Maxillo-facial operations (item 25)
- Maternity (item 26)
- Infertility treatment (item 27)
- Transport (item 28)
- Funeral expenses (item 29)

Overall reimbursement ceiling: The overall amount of benefits paid by the Society shall be subject to a ceiling of CHF 20,000.- per accident or case of sickness and/or hospitalization.

EXTENSION OF COVERAGE AFTER THREE
MONTHS

Any person who has been affiliated for an uninterrupted period of three months under the Temporary plan of the Society becomes eligible for joining the main plan of the Society with the same medical benefits as members holding permanent, continuing, fixed-term and temporary contracts of more than three months. In case a holder of a temporary contract is extended for a cumulative duration of three months or more, the staff member may also enroll her/his eligible family members in the main plan of the Society, this at the same time she/he enrolls her/himself to the main plan.