

**AUTHORIZATION FOR DEDUCTION OF MONTHLY CONTRIBUTIONS
FOR AFTER-SERVICE HEALTH INSURANCE FROM UNITED NATIONS
JOINT STAFF PENSION FUND PENSION BENEFITS**

UNJSPF pension n° _____ UNJSPF retirement n° _____

Insurance n° _____ Index n° (active) _____

Family name _____ First name _____

Mailing address _____

Telephone n° _____

Email _____

1. I hereby authorize the United Nations Joint Staff Pension Fund to deduct from my monthly pension benefit, and to remit directly to my former employing organization my premium contributions to the organization's health insurance scheme. I am aware of the fact that the amount of the deductions may be revised in the future, due to changes in the amount of premiums required and / or in the level of my pension benefit.

2. I also authorize the United Nations Joint Staff Pension Fund to provide from time to time, as required, information on the amount of my pension benefit to the office(s) of the organization responsible for administering the health insurance scheme.

3. I shall address all queries concerning health insurance premiums and deductions to the appropriate office(s) of the organization, and not the United Nations Joint Staff Pension fund. I have also noted that I must provide written notice to my former employing organization, at least six months in advance, if I should decide to withdraw or change my insurance coverage.

Date _____ Signature _____

**KINDLY RETURN THIS FORM, DULY COMPLETED, TO
UNITED NATIONS STAFF MUTUAL INSURANCE SOCIETY
ROOM 200, PALAIS DES NATIONS, 1211 GENEVA 10, SWITZERLAND**