



# Application For Group Life Insurance

## Aetna Life Insurance Company United Nations

(Please read Eligibility Requirements on reverse side before completing this form.)

**Applicant Information** *(Print all information clearly.)*

Name (LAST) <span style="float: right;">First</span>	
Home Address	Payroll Index Number <span style="float: right;">Sex <input type="checkbox"/> M <input type="checkbox"/> F</span>
Birthdate (Day/Month/Year)	
Organization	Duty Station
	Room Number
	Office Telephone Number
	Office E-mail
Original Date of Entry on Duty (Day/Month/Year)	Current Contractual Status <i>(Proof must be provided with completed form)</i> (day/month/year)
	<input type="checkbox"/> Permanent <span style="margin-left: 100px;"><input type="checkbox"/> Probationary</span> From: <span style="float: right;">To:</span>
	<input type="checkbox"/> Fixed-Term <span style="margin-left: 100px;">From:</span> <span style="float: right;">To:</span>

**Beneficiary Designation Information**

Full Name of Beneficiary	Relationship	Address	% *
<b>Total</b>			<b>100%</b>

\*Where no percentages are specified, benefit proceeds will be divided equally among the beneficiaries, if more than one is designated.

**Authorization**

I request the Organization to enroll me in the United Nations Group Life Insurance Company plan, underwritten by Aetna Life Insurance Company, for which I am, or may become, eligible and authorize the Organization to deduct from my earnings the required premiums.

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Applicant's Signature Date Signed (Day/Month/Year)



**For Office Use Only (To be printed as a double-sided document with applicant's completed form)**

Effective Date of Insurance:
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Date Insurance Terminated:	Pensionable Remuneration for the Last Full Month of Service (Base Currency):

Comments:
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**Eligibility Requirements**

Eligibility requirements are as follows:

1. All staff members who receive a letter of appointment of six months or more will be eligible to participate in the plan.
2. Enrollment in the plan is automatic for eligible staff who apply for life insurance coverage under the plan, on the appropriate form, within 60 days of signing the qualifying letter of appointment. They will be covered from the effective date of the letter of appointment.
3. Enrollment in the plan for eligible staff who apply more than 60 days after signing the qualifying letter of appointment, is conditional on the provision by the staff member at the time of application, on a special form for that purpose, of evidence of insurability satisfactory to the insurance company.
4. The insurance company, which reserves the right to reject any application by a staff member who applied after 60 days, may require the applicant to undergo a medical examination at the applicant's own expense. Such staff members, whose applications are accepted, will be covered from the date on which the insurance company gives its written consent.