

# United Nations Staff Mutual Insurance Society against Sickness and Accident

## APPLICATION FORM/NOTIFICATION OF ACTION

**PART A — To be completed by the staff member**

**SICKNESS AND ACCIDENT INSURANCE**

APPLICATION FOR MEMBERSHIP  I hereby apply for membership of the United Nations Staff Mutual Insurance Society against Sickness and Accident. I declare that I have received a copy of the Statutes and Internal Rules and accept the conditions.

I declare that I do not wish to become a member of the Society.

NOTIFICATION OF ACTION  I am currently a member and wish to apply for a change regarding my family, in accordance with the Statutes and Rules of the Society.

Insurance No.   
if already a member

	Family Name	First Name	Date of birth	Relationship
Staff Member	Mr. Mrs. Miss. ....			
Dependent 1	.....			
Dependent 2	.....			
Dependent 3	.....			
Dependent 4	.....			
Dependent 5	.....			

**GROUP LIFE INSURANCE**

I wish to be informed of the conditions for participation in the Group Life Insurance Plan (which is the subject of an agreement between United Nations Headquarters and the Aetna Life Insurance Company).

I have been a participant at Headquarters or at one of the Organization's field offices and wish to remain a participant.

I do not wish to become a participant in the Plan.

Date: ..... Signature of staff member: .....

**PART B — To be completed by Personnel Service (Print clearly)**

Organization:	Service:	Room no:	Type of contract:	Grade:	Starting date of present contract:	Expiry date:
		Tel.:				

The signatory of this application satisfies the conditions laid down in the Statutes with regard to type and duration of contract, as well as age requirements.

The person(s) whose admission is requested under "notification of action" is/are  is not/are not  a dependant/dependants of the above mentioned staff member. The application for admission has  has not been  submitted within the statutory time-limit.

Date: ..... Signature of Personnel Officer: .....

**PART C — To be completed by the Insurance Secretariat**

NOTIFICATION OF ACTION Serial no: .....

Type of action:    Entry     Cancellation     Other     New Insurance code: .....    Current: .....

Effective date: .....    Remarks: .....

Identification and Relationship	Name	Insurance number	Special Premium
Staff Member			

Date: ..... Signature of Executive Secretary: .....

**PART D — To be completed by Finance Service**

Posted to Payroll	Index No:	Date:	By:	Checked:
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The Staff Member must take note of his/her Insurance number(s) as shown in Part C, above. This number must also be mentioned on the claim forms.