



Application for Group Life Insurance

The Hartford Life Insurance Company & United Nations

Please submit the completed form to: Health and Life Insurance Section (HLIS),
Email: hlis@un.org - Fax: (917) 367-1670

***Please first read the Eligibility Requirements on the next side before completing this form.**

Applicant Information *(Please print all information clearly.)*

Name:		
_____ <i>(Last)</i>	_____ <i>(First)</i>	
Home Address:	Index (Payroll) Number:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
	Date of Birth: ____/____/____ <i>Day Month Year</i>	

Organization:	Duty Station:	Room Number:	Office Phone No.:	Office Email:
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Original Date of Entry on Duty: ____/____/____ <i>Day Month Year</i>	Current Contract	From: _____ To: _____
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Beneficiary Designation Information

Full Name of Beneficiary	Relationship	Address	%*
Total			100%

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

I hereby request the Organization to enroll me in the UNHQ administered Group Life Insurance Plan, underwritten by The Hartford Life Insurance Company, for which I am, or may become, eligible and authorize the Organization to deduct the required premiums from my earnings.

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:

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

Eligibility Requirements

Eligibility requirements are as follows:

1. All staff members who receive a letter of appointment of 6 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, of 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.