

Mailing address.....
Number & street.....
Postal code.....
City.....
State or province.....
Country.....
e-mail address.....
Telephone number**Bank account details for SHI reimbursements**.....
Name of bank.....
BIC/SWIFT code.....
Number & street.....
Postal code.....
City.....
State or province.....
Country.....
Bank account No./IBAN.....
Currency of bank account**Staff Health Insurance Contributions**

- I authorize the UN Joint Staff Pension Fund to deduct from my monthly pension benefit, and to remit directly to WHO, my contributions to the WHO Staff Health Insurance.
 - I authorize the UN Joint Staff Pension Fund to provide information regarding the amount of my pension benefit to the WHO Staff Health Insurance.
 - I am aware that the contributions may be revised in future, either due to revision of the amount of my pension benefit or due to changes in the contribution rate.
 - I note that I must address all queries regarding SHI contributions to the WHO Staff Health Insurance.
 - I note that I must provide written notice to the WHO Staff Health Insurance at least 6 months in advance if I decide to cancel SHI cover for myself or any of my insured family members.
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- I certify that all the facts presented by me above are correct. I shall notify the WHO Staff Health Insurance immediately of any changes.

Signature:**Date:**