I,  , Vendor ID      would like to enroll my dependent(s) listed below under the medical insurance scheme effective\* **/**  /

***\*Remark:*** *the insurance effective date should be on or within 31 days after a qualifying event and in any case not before the contract start date.*

**Dependent Spouse**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Date of birth | | | Date of qualifying period (e.g. date of marriage) | | | First name | Last name | Country of residence | Gender | |
| Day | Month | Year | Day | Month | Year | M | F |
| 1 |  |  |  |  |  |  |  |  |  |  |  |

**Dependent Children**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Date of birth/adoption | | | First name | Last name | Country of residence | Gender | |
| Day | Month | Year | M | F |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

I confirm that I have read the [qualifying conditions](https://intra.unops.org/g/HR/Insurance/Documents/Local%20ICA%20Insurance/Endorsement%20-%20Insurance%20for%20Dependents+LICA%20Medical%20Ins.%20Premium%20adjust.pdf) in the insurance policy. I further declare the above information to be correct and I undertake to notify UNOPS without any delay of any event that might change the particulars given. I hereby authorize UNOPS to make the applicable premium deductions from my monthly fee to pay Vanbreda International.

**Remark:** ­­­­­­­­

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Name Signature Date

Summary of the affiliation rules (for easy reference):

* Affiliation of dependents is optional. Once enrolled, withdrawal from the scheme is not an option.
* The premium rates are paid by the Local ICA. The office pays for the administrative fees.
* All eligible dependents must be enrolled (1 spouse and/or children, as applicable).
* Enrolment must be made within the grace period of 31 days of the qualifying event (i.e. the entry into duty of a UNOPS Local ICA, his/her marriage, the birth or adoption of an eligible child).
* Local ICAs can decide to opt in/out of this insurance plan only within the grace period.
* The Local ICA must inform his/her HR Focal point on cases/changes that do not fall under the policy provisions (e.g. if dependents change country of residence or any change to the particulars given).
* When requested, Local ICAs should be able to present proof of relationship with dependent(s).