

## Annex 7.B Voluntary Group Life Insurance

### Extract of Conditions of Insurance (15 July 1997)

#### 1. ELIGIBILITY

Participation in the Voluntary Group Life Insurance is open to any staff member on fixed-term or continuing appointment, who is a participant in the United Nations Joint Staff Pension Fund, or is a participant in another pension plan, subject to the provisions of paragraph 3 below and to the terms of the Group Life Insurance Policy, of which the main features are described in subsequent paragraphs.

Eligibility commences on the effective date of commencement of the Policy for existing staff members, and on the first day of employment with WHO for new staff members, subject to a minimum entry age of eighteen and a maximum entry age of sixty-two.

#### 2. COMMENCEMENT OF LIABILITY

The terms of the Voluntary Group Life Insurance Policy described herein below entered into force on 1 January 1996 and replaces the terms of the Policy issued in December 1990 and subsequent amendments thereto (hereinafter referred to as "the former policy"). A Policy year runs from 1 January to 31 December inclusive each year. Renewal date is 1 January of each year.

The Insurance Company's liability to pay benefits commences

- (a) for persons insured under the former policy, on 1 January 1996; and
- (b) for persons joining the Group Life Insurance subsequently, on the date defined in paragraph 3 below.

#### 3. ADMISSION

Admission of staff members to the Policy takes place on the first day of satisfying the eligibility conditions as specified in paragraph 1 above. Applications to join the Group Life Insurance are normally accepted if the staff member:

- (a) applies for admission during the three months after the date of his/her appointment and after having passed the entrance medical examination required for the UN Joint Staff Pension Fund during the first three months as a fixed-term staff member appointment;
- (b) is under fifty years of age.

If these conditions are met, no special medical examination is required for admission.

Except as provided herein below, admission to the Voluntary Group Life Insurance becomes effective from the date Insurance Risk Management at headquarters receives the staff member's written request. This written request must be made on form WHO 485, duly signed and dated by the staff member.

- (i) The date which is stamped by Insurance Risk Management at headquarters on all documents at the time of their arrival determines the exact date of receipt of an application for cover (form WHO 485) and is consequently binding for determination of the beginning of the Voluntary Group Life Insurance coverage.
- (ii) If more than three months have elapsed since the date of his/her appointment, , or if a newly recruited staff member is aged fifty or over, a request in writing for admission (form WHO PEN 485), must be accompanied by a detailed medical report established on a special form (examining physician's report) supplied by Insurance Risk Management at headquarters for submission to the Insurance Company, which alone is competent, after obtaining the opinion of its medical adviser, to accept or refuse. The cost of the medical report is borne by the staff member concerned. If the Insurance Company accepts

the application, the commencement of coverage is confirmed in writing (by means of the insurance certificate) and becomes effective from the date of receipt of the Insurance Company's written acceptance.

(iii) Any application, submitted after admission, to increase the amount insured by more than US\$ 28 000 or CHF 25 000 must be made formally in writing and accompanied by a detailed medical report established on a special form (examining the physician's report) supplied by Pension and Insurance at headquarters. This application and the medical report are submitted to the Insurance Company, which alone is competent, after obtaining the opinion of its medical adviser, to accept or refuse a request. The cost of this medical report is borne by the staff member concerned. If the Insurance Company accepts the application, the commencement of coverage on the new terms is confirmed in writing (by means of an insurance certificate) and becomes effective from the date of receipt of the Insurance Company's written acceptance.

(iv) No medical report is required for any increase of the insured amount which does not exceed US\$ 28 000 or CHF 25 000, provided that the insured person applies only once within twelve months for such an increase. In such a case, the increase of the insured amount becomes effective from the date of the application.

(v) In any case, the amount of insured capital after the increase cannot exceed six times the annual pensionable remuneration of the insured person as provided in paragraph 4 of this Policy, nor the maximum benefit of US\$ 835 000 or CHF 750 000.

(vi) An insured person may reduce the amount of capital insured at any time subject to one month's prior written notice.

Persons who have left WHO and previously insured under the Policy may, on a voluntary basis, continue their insurance for the same amount as previously insured. The written application request must be forwarded by the former staff member/participant directly to the Insurance Company within three months after the last day of service.

No medical examination is necessary. Premiums are due yearly in advance and must be paid by the former staff member directly to the Insurance Company.

After separation from WHO, all matters are arranged directly between the Insurance Company and the former staff.

#### **4. ANNUAL PENSIONABLE REMUNERATION**

Annual pensionable remuneration, as used anywhere in these conditions, means the annual pensionable remuneration (excluding any allowances and bonuses) currently being used as a basis for calculation for pension contributions of a staff member, on the last day of being actively at work preceding any accident, sickness or other incident being covered by the terms of the Policy.

#### **5. NATURE AND EXTENT OF INSURANCE BENEFIT**

##### **5.1 Group Life**

The benefit becomes due in the event of the insured staff member's death prior to age sixty-five, whether at the time of death the staff member is performing his duties for WHO or at home, including holidays, travel, etc.

In case of prolongation of the Group Life Insurance cover, as per paragraph 5.3 below, the Group Life benefit becomes due in the event of death of the staff member or of the former staff member beyond age sixty-five.

The Insurance Company shall pay the full Group Life benefit, even if the insured person dies through suicide or if the death results from the consequences of attempted suicide or gross negligence.

On entry, each participant must select at his/her discretion, the amount of capital to be insured in multiples of US\$ 1000 or CHF 1000 up to a maximum of six times his/her annual pensionable remuneration but not exceeding US\$ 835 000 or CHF 750 000.

If a staff member joined the Voluntary Group Life Insurance before the age of thirty, the following bonus will be payable in addition to the selected sum insured:

- (a) on death before the age of thirty 100% of the selected sum insured
- (b) on death at or after the age of thirty  
but before the age of thirty-five 50% of the selected sum insured
- (c) on death at or after the age of thirty-  
five but before the age of forty 25% of the selected sum insured

If a member joined the scheme after the age of thirty, but before the age of thirty-five, the following bonus will be payable in addition to the selected sum insured:

- (a) on death before the age of thirty-five 40% of the selected sum insured
- (b) on death at or after the age of thirty-  
five but before the age of forty 20% of the selected sum insured

## 5.2 Waiver of Premium

In the event of total and permanent disablement, and provided that the participant has not yet attained the age of sixty-five, the payment of premium will be waived, from the date of commencement of disablement until the insured person has either recovered or attained the age of sixty-five.

## 5.3 Prolongation of Group Life Insurance

Insured persons who remain in service after the age of sixty-five or have left the World Health Organization and desire to remain insured under the Policy, have to continue to pay the premium. The benefit that becomes payable in case of death is reduced each year as shown in the following table:

AGE	PERCENTAGE RATE OF BENEFIT
65 or less than	100% of the selected sum insured
66	40%
67	20%
68	10%
69	0

Alternatively, the insured person may elect to be covered for the initial sum insured. In this case the premium rates, payable by the insured person, are as follows:

AGE	PREMIUM RATES	
	Up to US\$ 560 000/ CHF 500 000	Up to US\$ 835 000/ CHF 750 000 Maximum
Up to 65	0.45 %	0.65%
66	1.525 %	1.784%
67	1.69 %	1.981%
68	1.875 %	2.199%
69	0.00	0.00

The lower rate applies for a capital insured up to US\$ 560 000 or CHF 500 000. The higher one applies for a capital insured over US\$ 560 000 or CHF 500 000 up to a maximum of US\$ 835 000 or CHF 750 000.

For the insured person who has left WHO but remains insured under the Policy, WHO assumes no liability vis-à-vis the Insurance Company or the insured person and his/her beneficiaries, the rights and obligations created by individual coverage being exclusively between the Insurance Company and the insured or his/her beneficiaries.

## 6. PREMIUMS

In the event of an increase of insured benefits or new entrants during any one year, the corresponding additional premium will be payable as from the date of such increase or new entrants.

WHO deducts the premium in monthly instalments from the insured person's salary. WHO keeps records of all insured persons showing name, age, sum insured and date of enrolment. The Insurance Company is entitled to inspect such records at any time during the normal office hours of WHO.

Except where, and for as long as, payment of premium has been waived in accordance with paragraph 5.2 above, premiums are payable until the day on which the insured staff member dies, leaves the service of WHO, or attains the age limit.

Effective 1 January 1996, the annual premium rate amounts to:

- 0.45% of any amount of capital insured up to US\$ 560 000 or CHF 500 000;
- 0.65% of any amount of capital insured over US\$ 560 000 or CHF 500 000 up to the maximum of US\$ 835 000 or CHF 750 000.

These rates are, in principle, guaranteed for a period of two years from the effective date of the Policy. The Insurance Company has, however, reserved the right to revise the terms of the Policy if particular circumstances arise. The premium rates may therefore be subject to variation before expiry of the rates guarantee.

## 7. PREMIUM PAYMENT

Premiums shall be payable until the end of the month in which the insured person dies or becomes disabled, leaves the service of WHO or attains the age limit.

## 8. SUBSTANTIATION OF CLAIMS / PAYMENT OF INSURED BENEFITS

### 8.1 Death Claims

Upon the death of an insured staff member, WHO needs to send a notification to the Insurance Company without delay. The following documents have to be submitted to the Insurance Company as soon as possible.

- (a) an official certificate of death, indicating date of birth of the deceased insured person
- (b) a detailed medical report on the cause, onset and course of the disease, bodily injury or accident which caused death. In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death. The Insurance Company is entitled to obtain further information.

Expenses incurred in relation to the substantiation of a claim have to be borne by the claimant.

The Insurance Company will pay the insured benefit as soon as it is satisfied with the validity of the claim from the documents required.

### 8.2 Waiver of premium

In case of permanent and total disability, the following documents have to be submitted to the Insurance Company as soon as possible:

- (a) an official document proving the date of birth of the insured person;
- (b) a detailed medical report proving the permanent and total disablement. The Insurance Company may instigate further enquiries at any time;
- (c) exemption from the payment of premium referred to in paragraph 5.2 shall be granted to an insured person who has been found by the Board of the United Nations Joint Staff Pension Fund to be incapacitated for further service in a member organization.

## 9. WAR RISK

Full cover is given in case of death arising from civilian war risks including short periods of military training in the armed forces of any country while the insured person is still a staff member of WHO or remains insured under the Policy in accordance with paragraph 5.3 above.

## 10. WORLDWIDE POLICY

The insurance is valid worldwide subject to the provisions as set out in paragraph 9 above.

## 11. CESSATION OF COVER

Cover ceases in the following cases:

11.1 On the sixty-fifth birthday of an insured person except if paragraph 5.3 above applies, in which case cover ceases on the sixty-ninth birthday.

11.2 Three months after leaving the service of WHO for any cause, unless the provisions of paragraph 5.2 above apply or the insured person decides to continue his/her insurance at the same rate and under the same conditions, excluding, however, the waiver of premium.

11.3 When an insured person retires or otherwise leaves the service of WHO, free cover is granted for three months starting from the day after the official date of termination of the staff member's contract, as recorded on the personal and assignment details, and at the sum insured which applies at the said date of termination of contract. The three-month period ends:

- (a) if the contract ends on the last day of a calendar month, on the last day of the month, three months later.

(b) if the contract ends during a month, on the corresponding day three months later.

11.4 The date calculated according to paragraph 11.3(a) above has priority over the date calculated according to paragraph 11.3(b).

11.5 Except as provided in paragraph 5.2, cover furthermore ceases if contributions cease to be paid on a participant's behalf.

11.6 Cover can be ceased upon giving one month's written notice.

Cover cannot be restored once it has ceased.

## **12. APPROVED LEAVE OF ABSENCE/LEAVE WITHOUT PAY**

The insurance of an insured person with an approved leave of absence shall be continued up to a period of twenty-four months provided that the premiums continue to be paid by the staff member to WHO in advance. Requests to continue should be made to Head, Insurance Risk Management at headquarters before commencement of the approved leave without pay.

## **13. DETERMINATION OF AGE**

For the purpose of determining the age within the scope of this insurance (see paragraphs 3 and 5), fractions of a year of more than six months are considered as a whole year, and six months or less are disregarded.

## **14. FINAL DISPOSITIONS**

The Insurance Company and WHO may each terminate the Group Life Insurance Policy as of the renewal date, subject to three month's written notice, served in advance of renewal date.

Termination of the Policy shall cease all mutual obligations except claims incurred but not yet reported to, or paid by, the Insurance Company, and except all premiums due before the date of termination.

Any written or oral agreements concerning the contents of the Policy between WHO and its insured staff members shall not be considered legally binding for the Insurance Company.

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