



# F02368 Retiree Life Event & MBP Enrollment Request

## Instructions:

- This form must be completed electronically.
- Complete relevant sections: Reporting of life events must be made within 60 days from the life event date for other scenarios should be reported within 60 days from the end of active coverage date.
- If you do not request enrollment in the RMBP within 60 days from end of active coverage and then later request enrollment in the RMBP, you must provide evidence of coverage for three consecutive years, if applicable, by another medical insurance plan for the period immediately prior to requesting enrollment in RMBP. Proof of coverage must be produced from end of active coverage until the RMBP start date.
- Print form by clicking on "Print Form" button at bottom right
- Supporting documentation that are not in English, a translation must be provided.
- Staff member signs, dates, and submits the form to HR Operations (*please select one transmittal format, and submit only once*):  
Fax: +1-202-522-7026 or Email: [hroperations@worldbank.org](mailto:hroperations@worldbank.org)

**Please Note:** If you enroll in RMBP then request to end coverage for yourself or an enrolled dependent, you cannot request enrollment at a future date. Enrollment is a one-time opportunity. Use this form to report retiree life events or for retiree/surviving spouse/dependent to request enrollment into the RMBP plan.

World Bank Group UPI

<< Type UPI here

### Retiree's Information

Last Name:		First Name:	
Middle Name:	Date of Birth:	Gender:	
Email Address:			

### Please select where applicable to you and/or eligible family member

- Ending Employment       Lumpsum Pension     Monthly Pension

**Lumpsum Pension- Direct billing:** If you are not planning to receive the pension immediately after termination, you need to pay the prorated amount until June 30 to your MBP Administrator. The MBP Administrator will send us the SAP payment proof HR to proceed. In general, RMBP period runs from July to June, you will receive a mail from HR Operations during the month of June with the revised premium. If you would like to continue for the period July 01 to June 30 of the following year you have to pay the annual premium amount.

**Monthly Pension- Monthly deduction:** If you are planning to receive the pension immediately after termination, the premium will deduct from your monthly pension amount. There is no option to pay the prorated premium.

- Please note that if you don't have enough monthly pension to deduct the premium then you will be automatically moved to Direct billing and same will be communicated to your registered email id.
- Also if you have enough monthly pension over a period of time, you will be moved to Monthly deduction and the same will be communicated to your registered email id.

### Enrollment and RMBP options

- Plan 1:** Self Only       **Plan 2:** Self + 1 eligible family member       **Plan 4:** Self + 2 to 4 eligible family members       **Plan 7:** Self + 5 or more eligible family members

**Add eligible family member(s)**

First Name:	Middle Name:	Last Name:	UPI
Relationship:	Gender:	Birth Date:	Place of Birth:
Nationality:	<b>For Children Only:</b> Is child under age 26?		
First Name:	Middle Name:	Last Name:	UPI
Relationship:	Gender:	Birth Date:	Place of Birth:
Nationality:	<b>For Children Only:</b> Is child under age 26?		
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Nationality:	<b>For Children Only:</b> Is child under age 26?		
First Name:	Middle Name:	Last Name:	UPI
Relationship:	Gender:	Birth Date:	Place of Birth:
Nationality:	<b>For Children Only:</b> Is child under age 26?		

Active Staff MBP Coverage: If this request ends coverage for a dependent spouse in the active staff MBP, the spouse must consent to the loss of coverage in writing below. A spouse losing MBP coverage may be eligible for up to 36 months of MBP continuation. The spouse can never be eligible for RMBP coverage.

Signature of Spouse: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**Retiree/Surviving Spouse/Dependent Authorization and Signature**

I certify that the above statements are accurate and true to the best of my knowledge. I understand the information I have provided will be given to the World Bank Group's insurance administrators, I must promptly advise the World Bank Group of changes in my RMBP eligibility.

I authorize the World Bank Group to deduct my share of the monthly costs of the RMBP from my pension payments, if applicable. If I am not in receipt of the monthly World Bank Group pension payments, I agree to pay for my RMBP premiums as specified by the World Bank Group. I understand that I have the right to terminate my RMBP coverage at any given point of time. I further understand that if I should cancel RMBP coverage, I will not be able to re-enroll at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For MBP Administrator's Use Only**

As the MBP Administrator for \_\_\_\_\_ country, I understand that enrollment in the Retiree MBP plan must be made within 60 days from the date retiree/family member(s) become eligible. I have checked and verified that the listed family members are eligible for the RMBP plan and that I have forwarded the digital copy to HR Operations of all necessary documents and kept a copy for records, filing and audit purposes.

Below a list of the document(s) submitted along with this form:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

MBP Administrator's Name: \_\_\_\_\_ UPI: \_\_\_\_\_ Date received: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please ensure ALL information in the submission form is complete and accurate before printing the form >>**