



# 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: |  |                |         |

### Report Retiree Life Event

Divorce  
  Domestic Partnership Dissolution  
  Death of dependent  
 Event Date

### Spouse/DP information

|             |              |            |
|-------------|--------------|------------|
| First Name: | Middle Name: | Last Name: |
| Gender:     |              |            |

If you have children leaving your house hold as a result of this event, complete the section below.

|    |             |            |         |
|----|-------------|------------|---------|
| 1. | First Name: | Last Name: | Gender: |
| 2. | First Name: | Last Name: | Gender: |
| 3. | First Name: | Last Name: | Gender: |
| 4. | First Name: | Last Name: | Gender: |
| 5. | First Name: | Last Name: | Gender: |

**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 >>**