Reset Form

F200037 Headquarters : Life Event Reporting - Domestic Partnership Registration

Instructions: **Form must be completed electronically. If not, it will be rejected for processing.**

a. Retiree & staff with no access to myHR self-service, use this form to report Birth/Marriage/Divorce/Legal Separation/Domestic Partnership registration or dissolution/Adoption.
b. Reporting of life events must be made within 60 days from the life event date. For other scenarios it should be reported within 60 days from the end of active coverage date.
Note: For adding a new child to your medical coverage as a result of a birth or adoption, enrollment will be effective as of the birth/ adoption date (retroactive premiums will be applied), so long as notice is provided within the first year of the event. All other supplemental insurance, dependent life insurance (if 1st eligible dependent) are not applicable if it is not reported within 60 days.
c. If you do not request enrollment in the MIP /RMIP coverage within 60 days from end of active coverage and then later request enrollment in the MIP /RMIP coverage, 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 MIP /RMIP coverage.
d. For active staff, if you don't opt to enroll into medical insurance now, you have a option to enroll during open enrollment.
e. For enrollments requiring approval by HR Operations e.g. adoption, domestic partnership, supporting documentation that are not in English, an English translation must be provided. Please refer to the applicable checklist for the list of supporting documents.
f. Print form by using button on the bottom right, after completing it electronically, sign and date it, and then send it to HR Operations (please use only one submittal method and submit once):
    - Fax +1 (202) 522-7026 or via email: hroperations@worldbank.org

World Bank Group UPI | | | | | | | << Type UPI here

Retiree/Staff Information

First Name:	Middle Name:	Last Name:

Staff Member and Domestic Partner's information

Staff Member Name:	Gender	◯ Male	◯ Female
Domestic partnership Name:	Gender	◯ Male	◯ Female
Domestic Partner Birth date	Domestic Partner Nationality :		
DP SSN (if exists)	US Visa status		

Would you like to add your domestic partner to your current medical plan?	◯ Yes	◯ No
Do you intend to increase your Life Insurance	◯ Yes	◯ No
If this is your first eligible dependent, do you wish to enroll in Optional Dependent Group Life Insurance?	◯ Standard ◯ High ◯ NA	
Would you like to add a child as a result of this event (Click on "ADD child" to add one child at a time)	◯ Yes	◯ No
Are not related by blood to a degree that would bar marriage where we reside.	◯ Yes	◯ No
Are not presently married or legally partnered to anyone else.	◯ Yes	◯ No
Are each other's sole domestic partner and intend so indefinitely.	◯ Yes	◯ No
Are legally competent to contract and of lawful age to marry.	◯ Yes	◯ No
Have resided together in the same residence for at least 12 months or expect to meet the 12 month criteria by my appointment start date and intend to do so indefinitely.	◯ Yes	◯ No
Have been jointly responsible to each other for basic living expenses and have joint financial commitment for at least 12 months or expect to have by my appointment start date and intend to do so indefinitely.	◯ Yes	◯ No
Domestic partnership recognized by laws of your country.	◯ Yes	◯ No

Domestic partner Child / Child(ren)

1	Child's Name:	Nationality:	DOB:	Gender:	Current Visa type
Would you like to add your Child to your current medical plan?					◯ Yes ◯ No

Domestic partner Child / Child(ren)

2	Child's Name:	Nationality:	DOB:	Gender:	Current Visa type
Would you like to add your Child to your current medical plan?					◯ Yes ◯ No

Domestic partner Child / Child(ren)

3	Child's Name:	Nationality:	DOB:	Gender:	Current Visa type
Would you like to add your Child to your current medical plan?					◯ Yes ◯ No

Certificate & Signature

☐ I confirm that supporting documentation has to be submitted for the primary nationality selected.

☐ I confirm that I may review and update my Insurance Beneficiary Designation after I receive confirmation that this request has been completed. Active staff to update via myHR Self-Service; Retirees via F200054.

☐ I certify that the information I have provided is accurate and true. Furthermore, I understand that reporting a life event impacts my household benefits as a World Bank Group staff member (e.g. Medical/Life Insurance, etc.), which can be subject to an audit. I understand that any misstatements may result in disciplinary measures per Staff Rule 3.00.

☐ I understand Staff Rule 2.01 allows automatic access to benefits, salary and pension information by a spouse or domestic partner.

☐ I certify that I will give my former spouse all Medical Insurance Continuation information (MIP) so my former spouse may apply for Medical Insurance within the prescribed period of time (60 calendar days from end of Medical Insurance coverage). I further certify that I am responsible for reimbursing the World Bank Group for any Medical Insurance claims paid on behalf of my former spouse after the end of Medical Insurance coverage date for my former spouse.

☐ I understand a former spouse or same-sex domestic partner G visa expires on the date of divorce or domestic partnership dissolution, regardless of the date stamped on the G visa or I-94 form. U.S. Citizen and Immigrant Services, through the State Department, allows a 30-day grace period for my ex-domestic partner to take care of personal matters and depart from the U.S.

Signature _____ Date _____

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