F00018 Retiree Medical Insurance Plan (RMIP): Non-U.S. National Health Plan (NHP) Transmittal Form

This form should be used by a retiree MIP (RMIP) participant to transmit new or previously unrecorded Non-U.S. National Health Plan (NHP) enrollment information. Participation in the NHP of the country of pension address is mandatory for RMIP participants and their spouses/registered domestic partners, if the participant(s) are eligible on the same basis as nationals of the country of pension address record.

Retiree UPI | | | | | | | << TYPE RETIREE UPI HERE

Retiree Name:
Enter a valid email address to receive confirmation:

For each retiree or spouse/domestic partner who has become eligible for a National Health Plan please provide the following information:

1	Name:	Effective Date of Coverage:
Select one: ☐ Retiree ☐ Spouse or Domestic Partner (including those in receipt of survivor spouse pensions)		
2	Name:	Effective Date of Coverage:
Select one: ☐ Retiree ☐ Spouse or Domestic Partner (including those in receipt of survivor spouse pensions)		
3	Name:	Effective Date of Coverage:
Select one: ☐ Retiree ☐ Spouse or Domestic Partner (including those in receipt of survivor spouse pensions)		

You must attach a copy of each individual's National Health Plan card to this application.

_____ Signature

_____ Date

_____ Print Name

Please return document and copy of identification card to HR Operations via (select one transmittal format, and submit only once):

1. E-Mail: hroperations@worldbank.org
2. Fax: +1 (202) 522-7026
3. Mail: P.O. BOX : 1420, Landover MD 20785