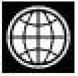

F02368 Retiree Life Event & MBP Enrollment Request

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**

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:		

Remove Dependent/Cancel all RMBP coverage

◯ Remove Dependent from RMBP ◯ Cancel all RMBP coverage

Reason : Specify :

Change in Enrollment – Remove Eligible Family Member(s)

- HR automatically ends medical insurance (MBP/MIP) coverage for dependent children on the last day of the month of the child's 26th birthday. Special provisions may apply if the child is handicapped on reaching the age of 25. Contact HR Operations several weeks before your child's 25th birthday to obtain the appropriate underwriting forms, which need to be completed by your child's physician.
- For reduction in medical insurance coverage, there must be consent from the dependent (or child's other parent, if the child is a minor). The dependent must **either sign this form or submit along with this form a copy of the e-mail from dependent confirming that they will be removed.**
- A dependent ending MBP coverage maybe eligible for up to 36 months of unsubsidized RMBP Continuation. I certify by my signature below that I have notified all dependents) ending RMBP and of their entitlement to RMBP continuation. I further certify by my signature below that I am responsible for reimbursing the World Bank Group for any MBP claims paid on behalf of my dependents) after the end of my RMBP coverage date of my dependent(s).

	First Name:	Middle Name:	Last Name:
Reason:		Effective Date:	

Signature of Dependent: ________________________________ Date: ______________

	First Name:	Middle Name:	Last Name:
Reason:		Effective Date:	

Signature of Dependent: ________________________________ Date: ______________

	First Name:	Middle Name:	Last Name:
Reason:		Effective Date:	

Signature of Dependent: ________________________________ Date: ______________

	First Name:	Middle Name:	Last Name:
Reason:		Effective Date:	

Signature of Dependent: ________________________________ Date: ______________

	First Name:	Middle Name:	Last Name:
Reason:		Effective Date:	

Signature of Dependent: ________________________________ 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. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
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 >>