



F200037 Headquarters : Life Event Reporting - Adoption

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

- 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.
- 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.
- 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.
- For active staff, if you don't opt to enroll into medical insurance now, you have a option to enroll during open enrollment.
- 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.
- 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:
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Child information

First Name:	Middle Name:	Last Name:	
Gender:	Birth Date:	Country of Birth:	City of Birth:
Is child's age 13 or older?		<input type="radio"/> Yes <input type="radio"/> No	
Is child sibling or half-sibling?		<input type="radio"/> Yes <input type="radio"/> No	
Does the child belong to a category of relative, such as niece or nephew (Including relatives of domestic partner)?		<input type="radio"/> Yes <input type="radio"/> No	
Would you like to add this child to your current medical plan?		<input type="radio"/> Yes <input type="radio"/> No	
First Name:	Middle Name:	Last Name:	
Gender:	Birth Date:	Country of Birth:	City of Birth:
Is child's age 13 or older?		<input type="radio"/> Yes <input type="radio"/> No	
Is child sibling or half-sibling?		<input type="radio"/> Yes <input type="radio"/> No	
Does the child belong to a category of relative, such as niece or nephew (Including relatives of domestic partner)?		<input type="radio"/> Yes <input type="radio"/> No	
Would you like to add this child to your current medical plan?		<input type="radio"/> Yes <input type="radio"/> No	
First Name:	Middle Name:	Last Name:	
Gender:	Birth Date:	Country of Birth:	City of Birth:
Is child's age 13 or older?		<input type="radio"/> Yes <input type="radio"/> No	
Is child sibling or half-sibling?		<input type="radio"/> Yes <input type="radio"/> No	
Does the child belong to a category of relative, such as niece or nephew (Including relatives of domestic partner)?		<input type="radio"/> Yes <input type="radio"/> No	

Would you like to add this child to your current medical plan?

Yes No

Certificate & Signature

I understand that if the notification of this life event is after 60 days from the date of the event, the next opportunity to enroll my dependent to my medical insurance will be during the Open Enrollment Season.

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 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 >>