



Secretariat

ST/IC/89/32
10 May 1989

INFORMATION CIRCULAR

To: Members of the staff

From: The Controller

Subject: GROUP LIFE INSURANCE - WAIVER OF AUTOMATIC INCREASE

Introduction

1. The insurance coverage under the Aetna group life insurance plan is adjusted once a year in accordance with increases in the pensionable remuneration of each participant. The adjustment for 1989 will be made with effect from 1 July and will take into account any increases in the pensionable remuneration of a participant implemented since 1 July 1988 and which may be implemented between the date of the present circular and 1 July 1989.

2. Consequently, all participants in the plan, other than those who have previously signed a waiver of automatic increase, are reminded that if their pensionable remuneration as at 1 July 1989 places them in a higher insurance bracket, their coverage will automatically be increased as of that date unless they execute the waiver set out in annex I to the present circular.

Effect of waiver

3. In signing the waiver of automatic increase form, a participant is choosing to retain his or her group life insurance coverage (and the corresponding payroll deduction for premium) at the level in effect at 30 June 1989. The waiver thus freezes the participant's coverage at this amount indefinitely unless the participant decides at some time in the future to apply for the higher amount of coverage based on his or her pensionable remuneration at the time of application. At the time of such application for higher coverage, the participant will be REQUIRED TO PROVIDE EVIDENCE OF INSURABILITY satisfactory to the insurance company. For its part, the insurance company reserves the right to reject any such application and may require the applicant to undergo a medical examination at the applicant's own expense.

4. In making the decision to waive the automatic increase or not, staff members may wish to check the current level of their pensionable remuneration by reviewing their May pay statement in conjunction with the life insurance brackets set out in annex II to the present circular.

Waiver form

5. The waiver form set out in annex I may be detached as necessary. Participants who wish to waive any future automatic increase in life insurance coverage should sign and return the completed waiver form to room S-1947, Payroll Unit, Accounts Division, Office of Programme Planning, Budget and Finance (or, if payrolled outside Headquarters, to the appropriate finance section) NO LATER THAN 30 JUNE 1989. It should be borne in mind that the sooner the waiver form is submitted, the sooner the necessary adjustments can be reflected in the pay statement.

Designation of beneficiary

6. Staff members are reminded to review their designation of beneficiaries in respect of their group life insurance coverage. Changes in the designation of beneficiaries may be made at any time and special forms for this purpose may be obtained from the Insurance Section, room S-2765, extension 3.5806, at Headquarters. Staff members serving away from Headquarters may obtain these forms from their respective administrative officers.

7. For additional information on group life insurance, please contact the Insurance Section, room S-2765.

Annex I

WAIVER OF AUTOMATIC INCREASE

Date: _____

To: Payroll Unit, room S-1947
(or, if payrolled outside Headquarters,
to the appropriate finance section)

Subject: GROUP LIFE INSURANCE

GROUP POLICY NUMBERS GL-14008 AND GC-14008-A

1. I hereby certify that I have been given an opportunity to avail myself of the increased group life insurance benefits as offered by the United Nations in information circular ST/IC/89/32 and have decided not to take advantage of the offer. I request, therefore, that my life insurance coverages under the subject group policies be maintained at their 30 June 1989 levels.

2. I understand that in order to obtain increased insurance in the future, I will be REQUIRED TO PROVIDE EVIDENCE OF INSURABILITY satisfactory to the insurance company and may be required to undergo a medical examination at my own expense. I further understand that the company reserves the right to reject my application for such an increase.

Witness_____
Signature of staff member_____
Print or type name in full_____
Payroll index number_____
Duty station

Annex II

<u>Annual</u> <u>pensionable</u> <u>remuneration</u> \$	<u>Life</u> <u>insurance</u> \$	<u>Maximum</u> <u>accidental death</u> <u>and dismemberment</u> <u>insurance</u> \$	<u>Monthly</u> <u>payroll</u> <u>premium</u> \$
Less than 2 000	3 000	3 000	1.02
2 001 to 4 000	6 000	6 000	2.04
4 001 to 6 000	10 000	10 000	3.40
6 001 to 8 000	14 000	14 000	4.76
8 001 to 10 000	18 000	18 000	6.12
10 001 to 12 000	22 000	22 000	7.48
12 001 to 14 000	26 000	26 000	8.84
14 001 to 16 000	30 000	30 000	10.20
16 001 to 18 000	34 000	34 000	11.56
18 001 to 20 000	38 000	38 000	12.92
20 001 to 22 500	42 500	42 500	14.45
22 501 to 25 000	47 500	47 500	16.15
25 001 to 27 500	52 500	52 500	17.85
27 501 to 30 000	57 500	57 500	19.55
30 001 to 32 500	65 000	65 000	22.10
32 501 to 35 000	70 000	70 000	23.80
35 001 to 37 500	75 000	75 000	25.50
37 501 to 40 000	80 000	80 000	27.20
40 001 to 42 500	85 000	85 000	28.90
42 501 to 45 000	90 000	90 000	30.60
45 001 to 47 500	95 000	95 000	32.30
47 501 to 50 000	100 000	100 000	34.00
50 001 to 52 500	105 000	105 000	35.70
52 501 to 55 000	110 000	110 000	37.40
55 001 to 57 500	115 000	115 000	39.10
57 501 to 60 000	120 000	120 000	40.80
60 001 to 62 500	125 000	125 000	42.50
62 501 and over	130 000	130 000	44.20

Note: (1) Coverage for staff members entering the plan at age 60 or later will continue to be restricted to \$7,000 group life insurance, plus a similar amount of accidental death and dismemberment insurance.

(2) Coverage for staff members whose life insurance exceeds \$58,500 will be automatically reduced to that level on 1 July next following attainment of age 62, plus a similar amount of accidental death and dismemberment insurance.
