**SURVIVING SPOUSE INSURANCE COVERAGE**

**This checklist is intended to assist surviving spouses and eligible dependent children in applying for After Service Health Insurance (ASHI) by ensuring that they have submitted all the required items and provided the necessary contact information. To expedite processing, please ensure that all sections are completed fully.**

**I. SPOUSE CONTACT INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Mr./Mrs./Ms.) |  | Date of Birth (DD/MM/YY) | | | | |  |
| First Name |  | | | | Middle | |  |
| Last Name |  | | | | | | |
| Phone (Home) |  | | Phone (Cell/Other) | | | |  |
| Email |  | | | | | | |
| Address Line 1 |  | | | | | | |
| Address Line 2 |  | | | | | | |
| City |  | | | State | |  | |
| Zip Code |  | | | Province | |  | |
| Country |  | | | | | | |

**II. REQUIRED DOCUMENTATION CHECKLIST**

|  |
| --- |
| * PROOF OF IDENTIFICATION - SPOUSE   *Must include a copy of passport (preferred) or other legal ID that states full name, DOB and nationality.*   * PROOF OF IDENTIFICATION – ELIGIBLE DEPENDENT CHILDREN   *If applicable, must include a copy of passport (preferred) or other legal ID that states full name, DOB and nationality for each eligible dependent.*   * COPY OF DEATH CERTIFICATE OF RETIREE * BENEFIT CONFIRMATION LETTER FROM PENSION FUND   *Please include a copy of the letter issued by the pension fund certifying entitlement to benefits for the surviving spouse and any dependents. This letter should include a UNIQUE ID, RETIREE NUMBER\* and the total BENEFITS AMOUNT.*  **\*If you have more than one RETIREE NUMBER, please specify and provide all if possible**   * AFTER SERVICE HEALTH INSURANCE (ASHI) APPLICATION   *The United Nations ASHI application can be found* [*here.*](http://www.un.org/insurance/sites/www.un.org.insurance/files/Forms/ASHIApplication_2015_0.pdf) *Please ensure that all applicable fields are completed.* |