**P104c Instructional Page**

**Signature Instructions:**

1. Right click on the signature box
2. Select Sign
3. Enter your name to sign or select an image of your signature if you have one

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| **UNITED NATIONS** | P2C2T1#yIS1 | **NATIONS UNIES** |

CONSULTANT HEALTH AND INSURANCE CERTIFICATION

To Whom It May Concern:

[ ]  I have submitted a statement of good health and confirmation of immunization. (Not applicable to consultants or individual contractors working solely from home for less than 30 days.)

[ ]  I have been informed that during the period of consultancy with the United Nations, I am responsible for arranging, at my own expense, such life, health and other forms of insurance for the period of my service as I consider appropriate.

I understand that where travel is required beyond commuting distance to a duty station with a hardship rating other than “H” and “A”1 that:

[ ]  I have been informed of the required immunizations for travel and I shall assume the cost for obtaining them.

[ ]  I am responsible for obtaining medical/health insurance that covers medical evacuations and treatment.

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|        (Signature) |
|        (Please Print Name) |
| Address:       |
| Telephone:       |
| Date signed:       |

 (dd MMM yyyy)

1 The H category comprises headquarters duty stations and other duty stations in similar locations where the United Nations has no developmental or humanitarian assistance programmes or in member countries of the European Union. The A to E categories comprise all other duty stations classified by order of difficulty of conditions of life and work. The duty stations are listed in ST/IC/2014/4, or as amended.