2024 QUESTIONNAIRE ON DEPENDENCY BENEFITS

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| I. PERSONAL INFORMATION | | | | | |  | | |  | | | | |  | | DATE PRINTED: | | | | | | | | | |
| 1. Index Number | | 2. Last Name | | | | | | | | | 3. First Name | | | | | | 4. Room No. | | | | | | | 5. Phone/Ext. | |
|  | |  | | | | | | | | |  | | | | | |  | | | | | | |  | |
| 6. Category | 7. Duty Station (of current post) | | | | | | 8. Department/Office/Mission | | | | | | | | | | | | | | | | |  | |
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| 9. Marital Status | | | 10. Marital Status Eff. Date (dd/mm/yyyy) | | | | | | 11. Did your Marital Status change in **2024**? | | | | | | | | | | If **Yes**, complete items12 and 13: | | | | | | |
|  | | |  | | | | | | **Yes  No** | | | | | | | | | |  | | | | | | |
| 12. Changed Marital Status: | | | | | 13. Effective Date (dd/mm/yyyy) | | | | | | | | | |  | | | | | | | | | | |
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| **II. SINGLE PARENT INFORMATION** (to be completed only by staff in the Professional and higher categories or the Field Service category who received single parent allowance in 2024). New applicants for single parent allowance should complete form P.85.  14. Did you cohabit with the other custodial parent of the child?  YES  NO  15. Did you provide the main and continuing support to the child(ren) in 2024?  YES  NO  16. Did you reside with the child(ren) in 2024 for most of the year?  YES  NO  17. Did you receive financial support from the other parent(s) in respect of your dependent child(ren) in 2024?  YES  NO  YES, indicate the total amount received for all dependent children = $  18. Did you provide financial support to the other parent(s) in respect of your dependent child(ren) in 2024?  YES NO  YES, indicate total amount paid for all dependent children= $  **III. SPOUSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Spouse UN Index No. | | | | 20. Last Name | | | | | | | | | 21. First Name | | | | | | | | | 22. Maiden Name | | | |
|  | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| 23. Birth Date (dd/mm/yyyy) | | | | 24. Gender | | | | 25. Nationality | | | | 26. Resides with Staff member? | | | | | | | | | | 27. Spouse is financially Dependent? | | | |
|  | | | |  | | | |  | | | | **Yes  No** | | | | | | | | | **Yes  No** | | | | |
| 28. Is your spouse a staff member of the UN Secretariat or other UN common system Organization? **Yes  No** | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Yes, provide UN Organization Name    If No, what is your spouse employer type?  Other Employer (outside UN), provide Employer name  Self-employed  Not employed    Location of Spouse Duty Station/Place of work | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***If your spouse was financially dependent in 2024, complete item 29 below:*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29. What were your spouse’s annual gross earnings[[1]](#footnote-2) in **2024**? | | | | | | | | | | ***Amount****:* **Currency:** | | | | | | | |  | | No  earnings | | |  | |
| **Please attach 2024 proof of earnings if claiming your spouse as financially dependent. For earnings ceiling, refer to Guidelines on Review of Staff Claims for Dependency Benefits for 2024 on the Policy Portal (**[**English**](https://policy.un.org/sites/policy.un.org/files/files/documents/2024/May/guidelines_on_review_of_staff_claims_for_dependency_benefits_for_2023_english.pdf) **and** [**French**](https://policy.un.org/sites/policy.un.org/files/files/documents/2024/May/guidelines_on_review_of_staff_claims_for_dependency_benefits_for_2023_french_0.pdf)**).** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III. DEPENDENT CHILD INFORMATION** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 30. | 31. | 32. | 33. | 34. | 35. | 36. | 37.  Disabled?  **(Yes/No)** | 38. | 39. | 40.  Government Assistance Type:  **(Austria’s Grant or Other countries’ Grant** | 41 | 42 | 43 | 44 | | Last Name | First Name | Birth Date  (dd/mm/yy) | Marital Status? | Financially Dependent?  (Yes/No) | Residing with Staff? (**Yes/No** | Full-Time Education attendance[[2]](#footnote-3)?  **(Yes/No)** | Disability Certificate Validity Date | Government Grant Amount & Currency if applicable | Is the other parent a staff member of the UN or other UN common system organization? (Yes/No) | Full name of the other parent  (provide details if you answered Yes to Question. 41) | If you answered yes to Question 41, provide details on the Organization, Personnel Number, level, and step of the other parent | Is dependency allowance being claimed by the other parent in their organization? (Yes/No) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| ***See overleaf for documentation required as evidence of staff member’s entitlement to child dependency benefits.*** | | | | | | | | | | | | |
| IV. SECONDARY DEPENDANT INFORMATION | | | | | | | | | | | | |
| 45. Sec.Dep Index No. | 46. Last Name | | | 47. First Name | 48. Birth Date | 49. Gender | 50. Resides with SM? | | | | | 41. Relationship |
|  |  | | |  |  |  | **Yes  No** | | | | |  |
| 52. Do you provide one half or more of this dependant’s financial support or at least twice the amount of the secondary dependency allowance? **Yes**  **No** | | | | | | | | | | | | |
| 53. If item 52 is ***Yes***, state the amount of support for **2024**: **Amt**: ***Curr:*** | | | | | | | | | | | | |
| ***Attach proof of support for 2024 (see overleaf for documentations required)*** | | | | | | | | | | | | |
| V. CERTIFICATION BY STAFF MEMBER | | | | | | | | | | | | |
| 54. I certify that the information provided in this form, as well as the supporting evidence submitted with it, is true and complete to the best of my knowledge. I understand that there is a requirement for me to keep supporting documentation in support of the dependency benefit(s) for at least five (5) years and I need to provide such documentation to the local HR office or the Office of Internal Oversight Services (OIOS) for monitoring and audit, within 30 calendar days of the initial request. Failure to do so within the applicable time frame or submission of falsified information may result in the recovery of all dependency benefits paid, immediate termination of dependency benefits and/or administrative and/or disciplinary measures. | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | **Date**: | |  | | |
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| *VI. CERTIFICATION OF ENTITLEMENT – TO BE COMPLETED BY A HUMAN RESOURCES PARTNER* | | | | | | | | | | | | |
| ACTION REQUIRED? YES  NO | | | | | | | | | | | | |
| Name, Signature and Title: | |  | | | | | | | Date: | |  | |

Required documentation for dependency benefits

The following table contains a summary of the documentation required as evidence of a staff member’s entitlement to dependency benefits:

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| 1. For a spouse with no earnings and claimed as a dependant | No additional documentation is required. However, the staff member will be required to certify that the spouse was unemployed for the period under review (2024) and that the spouse did not have earnings from other sources, including pension income, such as retirement and disability benefits, or earnings resulting from investments. |
| 2. For a spouse with earnings and claimed as a dependant | Proof of gross earnings for the particular calendar year: all W-2 forms (residents of the United States of America), tax returns or original statements of earnings from all the spouse’s employers, as well as all the pension income, such as retirement and disability benefits, and earnings resulting from investments, shall be included in the computation of the annual gross earnings. |
| 3. For every child claimed as a dependant | An original birth certificate must be presented when the child is claimed as a dependant for the first time. |
| (a) If in receipt of the child allowance, for a child under the age of 18 residing with the staff member | No additional documentation is required. |
| (b) For a child (natural or legally adopted) not residing with the staff member or with the other parent (except as provided in paragraph (c) below) | Proof of all payments made directly by the staff member to the child or to the child’s legal guardian for the required amount during the calendar year 2024, in the form of cancelled (i.e. paid) cheques, money orders or wire transfer receipts or records of bank transactions. The amount of support should be at least equal to the amount of the child dependency benefit received from the Organization. |
|  | In addition, in the case of minor children, a notarized affidavit from the legal guardian must be provided attesting to the legal guardianship of the child, that the child resides with the legal guardian and that the staff member is providing continuous support for the upkeep of the child. |
|  | Cash transactions are not considered acceptable proof of support, nor is any payment made to or through a third party. |
| (c) For a child of a staff member who is not the custodial parent or who has joint custody of the child | The original or certified copy of the divorce decree or other court document specifying the amount of child support to be paid by the staff member, plus proof of payment in the calendar year concerned in the form of cancelled (i.e. paid) cheques, money orders or wire transfer receipts or records of bank transactions. |
|  | Cash transactions are not considered acceptable proof of support, nor is any payment made to or through a third party. |
|  | The amount of payment to be eligible for a child dependency allowance should be at least the amount of the court-ordered child support, or the amount of the child dependency benefit received from the Organization, whichever is higher. |
|  | In the absence of a court document, an original notarized affidavit from the custodial parent must be provided attesting that the staff member provided continuing support and specifying the amounts paid during the calendar year 2024, together with the proof of payment described above. |
| (d) For a child between the ages of 18 and 21*a* | Staff members who were not in receipt of an education grant should submit an original completed form P.41/B (certificate of school attendance) for the academic years 2022/23 and 2024/24. Where the academic year coincides with the calendar year, form P.41/B should be submitted for 2024. |
|  | No additional documentation for proof of full-time school attendance is required for a child for whom the staff member received an education grant for the academic years 2022/23 and 2024/24. |
| (e) For a child of a staff member who is in receipt of a government grant | Original government assistance documents reflecting the amounts received each calendar year, including the currency of payment. |
| 4. For a single parent | Provide all documentation required for each child as set out in paragraphs 3 to 3 (e) above, as applicable. Additionally, proof of the status of the staff member must be submitted if not already on file (for example, divorce decree, death certificate of former spouse, certificate of legal separation or similar legal documents). |
| 5. For a secondary dependant who resides with the staff member | Staff member’s certification of support, provided on the annual declaration form, is needed. For a secondary dependant who resides or comes to reside with the staff member in 2024, proof of residency needs to be submitted. |
| 6. For a secondary dependant who did not reside with the staff member*b* | Proof of all payments made directly by the staff member to the secondary dependant for the required amount during the calendar year 2024, in the form of cancelled (i.e. paid) cheques, money orders or wire transfer receipts or records of bank transactions. |
|  | Cash transactions are not considered acceptable proof of support.  The secondary dependant must be reflected as the recipient on all proof of payment, except for cases where transfers are made to a legal guardian or to a third party that is providing services directly to the secondary dependent (e.g., nursing homes). |
|  | The staff member must provide one half or more of the secondary dependant’s support and, in any case, at least twice the amount of the secondary dependency allowance. |

*a* Dependency status is recognized through a period of vacation between academic years when the child enrols for full-time attendance during the regular academic year. Otherwise, the dependency status ceases on the last day of full-time attendance at the educational institution. The required forms are available on iSeek (<https://iseek.un.org/nyc/forms>) or from your human resources partner.

*b* At the time of establishment of an entitlement to a benefit for a secondary dependant, staff members should submit in person their own birth certificate, as well as the birth certificate or passport of the secondary dependant, with an original, completed form P.85 and proof of support as stated above. Please note that the birth certificates and/or passport must be original or certified true copies.

1. All earnings received, including but not limited to pension income, such as retirement and disability benefits, and earnings resulting from investments, shall be included in the computation of the annual gross earnings. [↑](#footnote-ref-2)
2. This question is only applicable to children between the ages of 18-21. Leave blank for the rest. [↑](#footnote-ref-3)