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## CHANGE OF PERSONAL STATUS AND DEPENDENCY BENEFITS

This form should be completed in accordance with [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1 on Dependency status and dependency benefits, **for recording a life event that occurred on or after 1 January 2018 and requesting applicable allowances when it is not possible to do so through Umoja ESS**. Staff members must familiarize themselves with the provisions of the above-mentioned document and the Umoja instructions for submitting changes to their personal or dependency status prior to submitting the form. All the required documentation must be furnished in the original, or certified copy, unless otherwise specified.

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### I. STAFF MEMBER INFORMATION

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| LAST NAME:        | FIRST NAME:        | INDEX NUMBER:        |
| ROOM:        | EXTENSION:        | DEPARTMENT/OFFICE:        |  |

### II. MARRIAGE and SPOUSE ALLOWANCE

Staff members who wish to change their marital status to married and related and/or to request a spouse allowance should complete this part (ref. Section 2 of [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1).

**Required documentation:** Copy of the marriage certificate; birth certificate or passport; proof of gross earnings of the spouse in the form of a W-2 form, tax return or statement of earnings**\*** from spouse.

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| 1. DATE OF MARRIAGE / LEGAL RECOGNITION:       |
| 2. NAME OF SPOUSE & RELATED:        |
| 3. SPOUSE’S DOB:        |  4. SPOUSE’S NATIONALITY/VISA STATUS:       |
| 5. LEGAL CHANGE OF STAFF MEMBER’S NAME (if applicable):       |
| 6. IS SPOUSE EMPLOYED? [ ]  YES [ ]  NO  | 7. IS SPOUSE A UN/UNCS STAFF MEMBER? [ ]  YES [ ]  NO |
| 8. DO YOU WISH TO CLAIM SPOUSE ALLOWANCE? [ ]  YES [ ]  NO |
|  |
| IF YOU ANSWERED YES TO 8, CERTIFICATION OF APPROXIMATE EARNINGS**\*** IF ANY: THIS YEAR 20    $      City       Country      of spouse earnings\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEXT YEAR 20   , $      City       Country      of spouse earnings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* 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. |

### III. DIVORCE, MARRIAGE ANNULMENT, LEGAL SEPARATION or WIDOWED

Staff members who wish to change their marital status to “divorced”, “annulled”, “legally separated” or “widowed” should complete this part.

**Required documentation:** Divorce / annulment / legal separation decree or death certificate; and, proof of gross earnings for the former spouse in the form of a W-2 form or tax return or statement of earnings from spouse’s employer (if in receipt of spouse allowance).

Staff completing this part who have children, need to consult their HR Partner, as additional documentation may be required.

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| 1. NEW MARITAL STATUS:   | 2. EFFECTIVE DATE:       |
| 3. PLACE, ISSUANCE OF DECREE:       | 4. DOCUMENTS SUBMITTED:       |
| 5. If legally separated, are you providing main and continuing support to the spouse?  | 6. [ ]  YES, indicate the amount $      [ ]  NO  |
| 7. YOUR NEW NAME (if applicable):       |  |
| 8. FORMER SPOUSE’S NATIONALITY/VISA STATUS:       |
| 9. IS FORMER SPOUSE A UN/UNCS STAFF MEMBER? [ ]  YES [ ]  NO  |
| 10. IF DIVORCED OR LEGALLY SEPARATED, DO YOU HAVE CUSTODY OF CHILD? [ ]  YES [ ]  NO  |

### IV. BIRTH OF CHILD and CHILD ALLOWANCE

Staff members who wish to add child(ren) as household members and/or request a financially dependent status (ref. [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1 Section 3) should complete this part.

**Required documentation**: Child’s birth certificate; proof of full –time school attendance (for children between the ages of 18 and 21); confirmation of residence of the child with the staff member (for step children); legal adoption document (for adopted child). If divorced or legally separated: divorce decree or other court document specifying name of custodial parent and the amount of child support to be paid by/to the staff member plus proof of payment in the year concerned (cash payments are not accepted).

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| 1. NAME OF CHILD:       MALE [ ]  FEMALE [ ]  | 2. DATE OF BIRTH:       |
| 3. If over the age of 18, is child in full time school attendance? [ ]  YES (provide proof) [ ]  NO  | 4. Marital status of the child:  |
| 5. NAME OF THE OTHER PARENT        |    |
| 6. IS THE OTHER PARENT A STAFF MEMBER OF THE UN OR OTHER UN COMMON SYSTEM ORGANIZATION?  | [ ]  YES [ ]  NO  |
| IF YOU ANSWERED YES TO 6:7. Provide details on Organization, Personnel No., level and step.      | 8. Is dependency being claimed by the other parent in theirOrganization? [ ]  YES [ ]  NO |
| 9. CHILD NATIONALITY:        | 10. [ ]  NEWBORN [ ]  STEPCHILD [ ]  ADOPTED |
| 11. DATE OF ADOPTION (if applicable):       | 12. DOCUMENTS SUBMITTED:       |
| 13. IS THE CHILD RESIDING WITH YOU? | [ ]  YES [ ]  NO, provide proof of child support |
| 14. IF DIVORCED OR LEGALLY SEPARATED, DO YOU HAVE CUSTODY OF CHILD? | [ ]  YES, provide proof of custody [ ]  NO, provide proof of child support [ ]  NOT APPLICABLE |
| 15. DO YOU RECEIVE GOVERNMENT ASSISTANCE FOR CHILD? | [ ]  YES, indicate amount $      [ ]  NO  |
|  |  |

### V. SINGLE PARENT ALLOWANCE

Staff members who wish to request single parent allowance in respect of the first dependent child (ref: [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1 Section 4) should complete part IV and V of this document.

**Required documentation**: same as in part IV above.

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| 1. MARITAL STATUS:  | 2. Date of divorce, legal separation or death of spouse (as applicable):        |
| 3. CERTIFICATION: Are you cohabiting with the other custodial parent of the child? NOTE: if you are at the Professional level and answered yes, you are not entitled to Single Parent Allowance | [ ]  YES [ ]  NO |
| 4. DO YOU PROVIDE MAIN AND CONTINUING SUPPORT TO THE CHILD? | [ ]  YES [ ]  NO |
| 5. DO YOU RESIDE WITH THE CHILD AND WILL YOU RESIDE WITH THE CHILD MOST OF THE YEAR? | [ ]  YES [ ]  NO |
| 6. DO YOU RECEIVE FINANCIAL SUPPORT FROM THE OTHER PARENT IN RESPECT OF THE CHILD? | [ ]  YES, indicate the amount $      [ ]  NO  |
| 7. DO YOU PROVIDE FINANCIAL SUPPORT TO THE OTHER PARENT IN RESPECT OF THE CHILD? | [ ]  YES, indicate the amount $      [ ]  NO  |

### VI. SECONDARY DEPENDENCY ALLOWANCE

Staff members who wish to request secondary dependency allowance (ref. [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1 Section 6,) should complete this part.

**Required documentation:** Staff member’s birth certificate; secondary dependant’s national ID; proof of financial support, the dependent not residing with the staff member: dependent’s visa status and proof of residence, if the dependent resides with the staff member.

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| 1. DO YOU RECEIVE DEPENDENT SPOUSE ALLOWANCE? NOTE: If yes, you are not entitled to secondary allowance | [ ]  YES [ ]  NO |
| 2. NAME OF SECONDARY DEPENDANT:        | 3. RELATIONSHIP:   |
| 4. DATE OF BIRTH:        | 5. NATIONALITY/ VISA STATUS:       |
| 6. MARITAL STATUS:   |  |
| 7. DOES THE SECONDARY DEPENDANT RESIDE WITH YOU? [ ]  YES [ ]  NO |
| 8. DO YOU PROVIDE AT LEAST TWICE THE AMOUNT OF THE ALLOWANCE? [ ]  YES [ ]  NO |
| 9. EVIDENCE OF SUPPORT:       |

**Do you want to update DESIGNATION, CHANGE OR REVOCATION OF BENEFICIARY (P.2)?\*\* Yes** **[ ]  No** **[ ]**

**\*\*** If you answered “YES”, update your beneficiaries through UMOJA ESS or complete an updated [P.2](https://iseek.un.org/nyc/forms?title=P.2) form to be witnessed by your HR Partner.

**STAFF MEMBER CERTIFICATION**

**I certify that I have been informed of the following:**

* I will need to enroll in ESS for Medical, Dental, and Life Insurance in respect of the above changes within thirty-one (31) days after the date of change.
* It is my responsibility to immediately notify my HR Partner in writing of any changes in my marital status or the status of my dependants, including their marital status.
* The amounts of the dependency allowances and required proof of support are subject to change, without notice. It is my responsibility to monitor my monthly pay-statements for any change in the emoluments I receive, keep updated with respective rules and regulations and consult with my HR Partner, if needed.
* The requested allowances will be subject to period monitoring and compliance review, including through the Annual Declaration exercise initiated by the Organization as indicated in [ST/AI/2018/6](https://undocs.org/ST/AI/2018/6)/Rev.1 sections 1.12 – 1.14. **In this respect, I understand that I am required to** retain all required original documentation for a period of five years and must be ready to submit that documentation by the requested deadline. I understand that the lack of supporting documentation on my part, will be subject to financial recovery and immediate discontinuance of the benefits.

#### SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: