**Aetna Group Life Insurance Plan**

1. A group life insurance plan (“plan” or “GLIP”) is offered to staff of the United Nations Secretariat, funds, and programmes, providing term insurance coverage against death and disability. The underwriter of the plan is the Aetna Life Insurance Company of Hartford, Connecticut, United States of America (“insurance company” or “Aetna”). The policyholder is the UN.
2. Except for Junior Professional Officers (JPOs – donor governments fully subsidize the contributions of participating JPOs), this plan is financed solely from the contributions of participating staff without any subsidy from the Organization. The plan provides term insurance coverage only and has no cash value at the time of withdrawal.

Eligibility

1. The Group Life Insurance Plan (GLIP) is available to all internationally and locally recruited staff members worldwide governed by the UN Staff Regulations and Staff Rules who have an appointment of six months or longer and who have been medically cleared upon appointment.
2. Except for JPOs, participation in the plan is voluntary and staff may withdraw at any time. For JPOs, participation in the plan is compulsory.
3. Participation in the plan is open and automatic for those who apply within 60 days of signing the qualifying letter of appointment.
4. Those who apply after 60 days are required, at the time of application, to provide evidence of insurability satisfactory to Aetna, which reserves the right to reject the application or require the applicant to undergo a medical examination at the applicant’s expense. In such cases, coverage will begin only after Aetna gives its written consent.

Coverage

Insurance coverage level

1. The amount of life insurance coverage that can be purchased is as follows:
2. Normally based on three times the participant’s pensionable remuneration, subject to a maximum amount of US$300,000
3. For those enrolling at age 62, coverage is limited to US$20,000
4. Maximum coverage for staff still in service at age 62 is US$150,000. If coverage was higher beforehand, it will be reduced upon reaching 62.

Life Insurance benefits

1. The life insurance coverage consists of a principal sum payable, in the event of death from any cause, to the designated beneficiary(ies) and equivalent to the full amount for which the participant was insured at the time of his/her death.

Accidental death and dismemberment benefits

1. The accidental death coverage consists of an additional sum payable, in the event of accidental loss of life, to the designated beneficiary(ies) and equivalent to the full amount for which the participant was insured at the time of his/her death.
2. The accidental dismemberment coverage consists of:
3. The full amount for which the participant was insured will be paid for accidental loss of:
4. Both hands (by severance through or above the wrist joint)
5. Both feet (by severance through or above the wrist and ankle joint)
6. One hand and one foot (by severance through or above the wrist or ankle joint)
7. One hand and the sight of one eye
8. One foot and the sight of one eye or
9. The sight of both eyes; or
10. Half the amount for which the participant was insured will be paid for the accidental loss of:
11. One hand
12. One foot or
13. The sight of one eye
14. Benefits are payable under the accidental death and dismemberment coverage only if the loss:
15. Results directly and solely from an injury caused by an accident that is not excluded in the limitations of the paragraph immediately below and
16. Occurs within 90 days of the accident that causes the injury to the participant while insured
17. Benefits will also be payable if the loss is:
18. Caused by a pus-forming infection resulting directly and solely from an injury that is covered under the plan or
19. Caused by a surgical operation that is
20. Needed solely because of an injury that is covered under the plan and
21. Performed within 90 days after the injury occurs

Accidental death and dismemberment exclusions

1. Under the accidental death and dismemberment plan, coverage will not apply for the following conditions:
2. Bodily or mental infirmity
3. Disease, ptomaine or bacterial infections, of any kind
4. Medical or surgical treatment
5. Suicide or attempted suicide (sane or insane)
6. Intentionally self-inflicted injury
7. War or any act of war (declared or undeclared)
8. Aetna has consistently interpreted the war exclusion as applying to actions by a sovereign state or government against another. Terrorism is characterized as premeditated violence for a political purpose by a person or group other than a government or state. Aetna, therefore, does NOT exclude terrorist acts from coverage.

Accelerated Death Benefit

1. Effective 1 October 2002, a new benefit called the Accelerated Death Benefit (ADB) is added to the GLIP. In essence, this optional benefit provides for the payment, to the participant, of a portion of his/her life insurance after he/she has been diagnosed as terminally ill, leaving the balance of the life insurance for the benefit of designated beneficiaries after the death of the insured. Under this arrangement, the cost of the benefit acceleration is recovered by discounting the ADB payment to the insured applicant.
2. To be considered terminally ill, the applicant must:
3. Be diagnosed as suffering from an incurable, progressive, and medically recognized disease or condition
4. To a reasonable medical probability and on the basis of generally accepted medical protocols, have a life expectancy of no more than 12 months beyond the date of the application for an ADB
5. The ADB benefit:
6. Is available to all group life insurance participants (active staff, retirees and those separated for medical reasons)
7. May be requested at any time;
8. Is not available, if by assignment or otherwise, someone other than the insured is the owner of the life insurance coverage
9. May only be requested once under this plan.
10. The minimum amount that may be requested is US$5,000.
11. Applicants for an ADB should contact the UN Health and Life Insurance Section in the first instance. They will then be provided with a package comprising an application form, a request-for-medical-documentation letter, authorizations for the release of medical information, and an ADB disclosure statement.
12. In considering a request for an ADB, Aetna may require the participant to submit, at Aetna’s expense, to an independent medical examination initiated by a physician chosen by Aetna. Review of a request for an ADB will be suspended until the examination has been completed and the results submitted to Aetna.
13. When a participant elects the ADB option, the arrangement will work as follows. First, a gross ADB payment is determined. This amount will be based on a benefit of 50 percent of the amount of life insurance in force on the election date, taking into account any age reduction due to occur during the terminal illness qualifying period. The appropriate discount will then be deducted from the gross ADB payment to arrive at the net amount actually payable to the insured. Discounts will reflect the interest rate structure described in the paragraph below.
14. The remaining amount of life insurance carried in force, after the ADB payment is made, will be the original amount less the gross (before interest discount) ADB payment.
15. The interest rate used to calculate discounts will be the current yield on the 90-day United States Treasury bill on the date the ADB payment is issued. The period used to calculate this charge will begin on the date the ADB is paid and will always be equal to the 12 months’ terminal illness qualifying period, regardless of the actual or expected date of death.
16. Upon approval by Aetna, the amount of the ADB will be paid in a lump sum.
17. To the extent allowed by law:
18. An ADB payment is exempt from any legal or equitable process for the debts of the insured
19. There can be no requirement to request an ADB in order to satisfy claims of creditors
20. Aetna cannot furnish legal or tax advice to the applicant or to the Organization. Legal counsel and/or a tax adviser should be consulted before a request for an ADB is made.

Enrollment and premiums

Application for insurance

1. Within the first 60 days of eligibility, JPOs and staff members who wish to participate in the GLIP should complete [an application form](https://popp.undp.org/node/5646) and send it to:
2. For international and local staff stationed in New York**,** the Human Resources Specialist in OHR Copenhagen serving the organizational unit, for forwarding to the UN Health and Life Insurance Section (see Claims section)
3. For international staff stationed outside New York**,** the Human Resources Specialist in OHR Copenhagen serving the duty station for forwarding to the UN Health and Life Insurance Section
4. For local staff stationed outside New York**,** the Human Resources/ Operations Manager at the duty station concerned. The forms are kept locally and do not need to be forwarded to the UN Health and Life Insurance Section.
5. After the first 60 days of eligibility, staff members who wish to participate in the GLIP should complete the following documentation:
6. [An application form](https://popp.undp.org/node/5646)
7. [An evidence of insurability form](https://www.un.org/insurance/sites/www.un.org.insurance/files/67829-46%20%287-18%29%20United%20Nations%20EOI.PDF)
8. Completed documentation should be sent to:
9. If an international or local staff member stationed in New York**,** the Human Resources Specialist in OHR Copenhagen serving the organizational unit, who will forward it to the UN Health and Life Insurance Section for processing before Aetna
10. If an international staff member stationed outside New York**,** the Human Resources Specialist in OHR Copenhagen serving the duty station, who will forward it to the UN Health and Life Insurance Section for processing before Aetna
11. If a local staff member stationed outside New York**,** the Human Resources/Operations Manager at the duty station concerned, who will forward the Evidence of Insurability Form only to the UN Health and Life Insurance Section for processing before Aetna. The other forms are kept locally and do not need to be forwarded to the UN Health and Life Insurance Section.

Effective date

1. Staff members who apply within the first 60 days of eligibility will be covered from the effective date of the letter of appointment.
2. Staff members who apply after the first 60 days of eligibility and who are required to file evidence of insurability will, if accepted, be covered from the date on which Aetna gives its written consent.

Premium

1. Before 1 October 2002, life insurance levels were set out in a schedule that related coverage amounts to ranges of pensionable remuneration, denominated in US dollars. The coverage amount corresponded to 2.5 times the pensionable remuneration figure at the top of each bracket.
2. As of 1 October 2002, a staff member’s life insurance entitlement is directly linked to his/her pensionable remuneration and will be defined in terms of the related currency. Under the new system, whenever pensionable remuneration increases, the life insurance amount will increase proportionately also, without regard to any fixed schedule of pensionable remuneration brackets. As a result, it is now possible to state the required premium contribution as a percentage of pensionable remuneration.

Rate

1. The current premium rate is US$0.30 per US$1,000 coverage, which is equivalent to 0.09 percent of pensionable remuneration. Thus, if the level of pensionable remuneration of a participant is US$35,789, the corresponding level of life insurance coverage is three times that figure, i.e., US$107,367. The corresponding monthly premium payment based on 0.09 percent of pensionable remuneration would be US$32.21. In the case of the maximum coverage amount of US$300,000, the maximum monthly premium payment will be US$90.
2. The premium rate is determined by Aetna in consultation with the UN. OHR will keep all offices regularly informed about any changes to the annual premiums.

Payment

1. The premium is paid in full by the staff member. No subsidy is paid by the Organization.
2. The monthly premium is payable in US dollars in advance at the beginning of each month and is effected by means of automatic payroll deduction. Two months’ premium will be deducted at the end of the first month of participation with no deduction made for the last month of service.
3. The premium for staff who are paid in currencies other than US dollars is based on their pensionable remuneration in the local currency and is then converted to US dollars, using the UN official rate of exchange, and remitted to the insurance company in US dollars. Benefits payable by the insurance company will be the equivalent in US dollars, converted at the UN official rate of exchange at the time of payment, of the entitlement of the participant in local currency.

Records

1. The country office must maintain a record of the amounts collected for locally recruited staff members, should there be any questions or audit at a later date.

Automatic adjustment of coverage level and premium

1. The level of coverage and the corresponding premium will automatically be adjusted whenever an increase in pensionable remuneration occurs, unless:
2. The pensionable remuneration of the staff member already entitles him/her to the maximum coverage available; or
3. The staff member has executed a waiver of automatic increase prior to 1 January 2001.
4. A participant who does not wish to accept the increased life insurance coverage resulting from changes in his/her pensionable remuneration must cancel his/her coverage under the plan. In order to reinstate life insurance participation at a future date, a new application must be made through the “evidence of insurability” process.

Discontinuance of waiver of premium increase

1. In the past, staff were given an opportunity to waive the increase, thereby freezing life insurance coverage at the prior level. With effect from 1 January 2001, the option to waive the coverage increase was discontinued. The life insurance level of staff that executed a waiver of automatic increase prior to 1 January 2001 will be maintained at the lower coverage level.

Reapplication after cancellation of coverage

1. A staff member who has cancelled coverage may re-apply at a later date for coverage based on his/her pensionable remuneration at that time. Enrollment in the plan is conditional on the provision, by the staff member at the time of application, of evidence of insurability satisfactory to Aetna.
2. Aetna reserves the right to reject any reapplication and may require the applicant to undergo a medical examination at the applicant’s own expense. If reapplication is accepted, coverage begins from the date Aetna gives its written consent.

Special Leave without Pay

1. Periods of special leave without pay (SLWOP) for less than one calendar month do not affect the coverage to which the staff member has subscribed. For periods of leave that exceed one month, staff members have the option of continuing coverage by making full payment of the premiums involved, in advance, on a quarterly basis, as follows:
2. For international and local staff members stationed in New York, contact the UN Health and Life Insurance Section to arrange for payment of premiums
3. For international staff members stationed outside New York, forward a cheque made payable to the UN for the full amount of the premiums to UN Health and Life Insurance Section
4. For local staff members stationed outside New York, arrange payments through the Human Resources/Operations Manager at the duty station concerned
5. Staff members who choose not to retain coverage during a period of special leave without pay (SLWOP) of more than two months’ duration, may re-enroll in the plan only on the basis of satisfactory evidence of insurability. Retroactive payment of premiums for a period of SLWOP in order to become entitled to after-service coverage will not be accepted.

**Transfer between payrolling duty stations and employing organizations, and breaks in service**

1. It should be noted that there is no automatic continuation of coverage when a staff member:
	1. Transfers from one payrolling duty station to another.
	2. Moves from one employing organization to another; or
	3. Is reappointed after a break in service
2. Therefore, to ensure continuity of coverage in the plan, staff members must make arrangements to re-enrol upon:
3. Transfer to a new payrolling duty station
4. Change of employing organization; or
5. Reappointment after a break in service
6. To be assured of unbroken life insurance coverage, re-enrollment in the life insurance plan must be accomplished no later than two months following the date of transfer or reappointment; otherwise, an evidence of insurability statement will be required.

Designation of beneficiary

1. Since life insurance benefits are payable to the participant’s beneficiary, it is most important for each participant in the plan to designate the person or persons to whom the participant wishes the benefit to be paid.
2. For the payment of benefits, the insurance company recognizes only the most recent, properly executed form for the designation of beneficiaries. It is the responsibility of the staff member or former staff member to make sure that the proper person or persons are designated, particularly after death, divorce, or other changes in the relationship between the person or persons previously designated and the staff member or former staff member.
3. Changes in the designation of beneficiaries may be made at any time.
4. The appropriate Designation of Beneficiary form ([Revocable](https://popp.undp.org/node/5651) or [Irrevocable](https://popp.undp.org/node/5661)) must be forwarded to:
5. if an international or local staff member stationed in New York, the Human Resources Specialist in OHR Copenhagen serving the organizational unit, for onforwarding to the UN Health and Life Insurance Section;
6. if an international staff member stationed outside New York, the Human Resources Specialist in OHR Copenhagen serving the duty station, for onforwarding to the UN Health and Life Insurance Section; and
7. if a local staff member stationed outside New York, the Human Resources/Operations Manager at the duty station concerned. The form is kept locally and does not need to be forwarded to the UN Health and Life Insurance Section.

Legal agreements

1. After enrollment, the participant may enter into any of the following legal agreements:
2. Creditor Designation of Beneficiary**,** which may be used, for example, to secure a loan
3. Irrevocable Designation of Beneficiary**,** which may be used, for example, in divorce or related proceedings
4. Assignment of Group Coverage**,** which may be used, for example, for tax purposes, in consultation with a legal adviser (not the Organization or Aetna)
5. If the participant wishes to enter into any of the above legal agreements, the applicable form must be sent to:
6. If an international or local staff member stationed in New York**,** the Human Resources Specialist in OHR Copenhagen serving the organizational unit, who will forward it to the UN Health and Life Insurance Section for processing before Aetna
7. If an international staff member stationed outside New York, the Human Resources Specialist in OHR Copenhagen serving the duty station, who will forward it to the UN Health and Life Insurance Section for processing before Aetna
8. If a local staff member stationed outside New York**,** the Human Resources/Operations Manager at the duty station concerned, who will forward it to the UN Health and Life Insurance Section for processing before Aetna

Claims

Filing a claim

1. All claims must be processed through the:

Chief, Health and Life Insurance Section

United Nations

New York, NY 10017

Fax: (212) 906 4222

1. Claims or notification of claims should not be transmitted directly to Aetna.
2. In the event of death of a staff member, a notification must be sent to the Chief, UN Health and Life Insurance Section by:
3. For international or local staff members stationed in New York, the Human Resources Specialist in OHR Copenhagen serving the organizational unit
4. For international staff members stationed outside New York, the Human Resources Specialist in OHR Copenhagen serving the duty station
5. For local staff members stationed outside New York, the Human Resources/Operations Manager at the duty station concerned
6. When notifying the Chief of the UN Health and Life Insurance Section, the following documentation must be provided:
7. All insurance application forms, including initial and re-enrolment, where applicable
8. Evidence of insurability records, where applicable
9. Appropriate forms changing the beneficiary designation
10. Payroll records documenting the deduction of group life insurance premiums or the direct payment by staff member during periods of SLWOP
11. Certification by the OHR Human Resources Specialist or local Human Resources/ Operations Manager of:
12. The last day the staff member reported to work
13. Close of business (COB) separation date
14. Date of the last premium deduction and, in the base currency, amount of premium and level of pensionable remuneration for the last full month of service
15. The Chief, UN Health and Life Insurance Section, will send a letter to the beneficiary with instructions and detailing the additional required documentation, which includes:
16. The original or a legally certified copy of the insured’s death certificate (a death certificate furnished to the [UN Joint Staff Pension Fund (UNJSPF)](http://www.unjspf.org/) will not suffice for life insurance purposes). Information on the [UNJSPF](http://www.unjspf.org/) can be downloaded from their website: [http://www.unjspf.org](http://www.unjspf.org/).
17. Official medical certification as to the cause of death, when not stated on the death certificate
18. Completed UN group life insurance programme beneficiary certification forms. There are two forms:
19. For those beneficiaries who do not have US Social Security and do not reside in USA
20. For those who reside in the USA
21. Additional documentation (such as court-ordered documents or English translations) may be required in circumstances where:
22. A beneficiary is deceased, a copy of the beneficiary’s death certificate. If all beneficiaries are deceased, evidence of the legally recognized appointment of the person designated to administer the assets/property (referred to as “estate” under US law) of the insured. Or, should any beneficiary die after the insured but before a claim is paid, court papers appointing a person to administer the “estate” of that beneficiary. Should there be no corresponding legal concept under applicable national laws, proceeds will be paid to the estate of the insured (or of the beneficiary) and those closest to the deceased may seek documents under their national law governing the line of legal succession, permitting a bank to accept a deposit of a benefit cheque.
23. Beneficiaries have not reached the age of majority, the legally recognized appointment of the guardian of the “estate” (assets/property) of the minor child. Where such guardian is a surviving parent living outside the US, a copy of the national law governing minor children, stating that the surviving parent automatically becomes the guardian of the property of a minor child and setting out the age of majority, along with a copy of the child’s birth certificate establishing the names of the father and the mother, may be submitted in lieu of court papers. Oaths sworn before a notary do not satisfy the requirements of Aetna’s legal department.
24. Death may be considered accidental, the official police report, setting out the circumstances that resulted in the death of the insured (*inter alia*, the time of day, weather conditions, testimony of eyewitnesses, diagrams) and any autopsy statement/medical report.
25. Death occurs within two years of the approval date indicated on an evidence of insurability statement, all medical records for the previous five years.

Payment

1. GLIP is a global plan, administered on a highly decentralized basis, and gathering all documentation and records required to process a claim could take some time. Following submission of all required documentation to Aetna, the beneficiary will normally receive life insurance proceeds within three to four weeks directly from Aetna.

Method

1. Each beneficiary will receive an individual cheque (principal amount plus interest earned) by a secure mode of delivery. Aetna benefit cheques have no expiry date. It should be noted that Aetna does not deposit benefit proceeds directly into bank accounts.

Currency of payment

1. Payment will be made in US dollars.

Staff paid in currencies other than US dollars

1. Benefits payable by Aetna will be the equivalent in US dollars of the entitlement of the participant in local currency converted at the UN official rate of exchange, in effect on the date of the event giving rise to the claim.

US taxes

1. The life insurance principal payable to individuals is exempt from all US taxes. The tax exemption does not apply if life insurance proceeds are paid to an estate that is subject to US taxes.

Interests

1. Life insurance benefits, upon the death of the insured, earn interest at a rate determined by Aetna until the date on which proceeds are paid to beneficiaries. Unlike the life insurance principal, interest earned may be subject to taxation.
2. Group life insurance participants may wish to note that there is no prescribed timeframe for submitting claims.

After-Service Life Insurance (ASLI)

After-service benefits

1. To become eligible for post-retirement life insurance benefits, staff members must have been active participants in the life insurance programme prior to their separation from service.
2. No application is necessary to qualify for after-service coverage for active participants.

Free coverage

1. Staff members who are participants in the group life insurance plan and have at least 10 years contributory participation upon their separation from UNDP, shall receive continuing basic life insurance coverage, without payment of premium, as follows:
2. Prior to age 55:
3. One year’s free coverage at the level in effect at the time of separation for each completed 10-year period of contributory participation
4. At the end of this period of free coverage, the life insurance coverage ceases unless the participant either again becomes a staff member and renews his/her participation in the plan, if eligible, or makes arrangements with Aetna to continue coverage under the conversion option (see Conversion Privileges section)
5. From age 55:
6. Between ages 55 and 69, coverage on separation from service is 50 percent of the level of coverage in effect at the time of separation
7. Between ages 70 and 74, coverage is 25 percent of the level of coverage in effect at the time of separation
8. From age 75, coverage is 10 percent of the level of coverage in effect at the time of separation. The minimum after 75 is the lesser of US$5,000 or the amount to which the after-service participant would be entitled before age 75. The maximum after age 75 is US$10,000.
9. The reduction to US$150,000 at age 62, while still in service, will be ignored in these calculations.
10. In the case of those participants who signed a waiver of automatic increase in coverage prior to 1 January 2001, the date on which the waiver option expires, free life insurance coverage will be based on the level of coverage in effect on the date of separation from service, rather than the full amount that he/she was eligible for.
11. Staff terminated for reasons of health in accordance with UN Staff Regulation 9.1 (a) are eligible to receive free life insurance coverage equal to their coverage on the date of separation, up to age 62. After 62, the percentage factors set out in paragraph 70 apply.

Documentation required for After-Service Insurance

1. OHR Human Resources Specialists and local Human Resources/Operations Managers are required to submit the following group life insurance documentation to the UN Health and Life Insurance Section whenever an insured staff member separates from service in order to establish the entitlement to ASLI benefits:
2. All insurance application forms, including initial and re-enrollment, where applicable
3. Evidence of insurability records, where applicable
4. Appropriate forms changing the beneficiary designation
5. Termination of life insurance records, where applicable
6. Payroll records documenting the deduction of group life insurance premiums or the direct payment by staff member during periods of SLWOP
7. Certification by the OHR Human Resources Specialist or Human Resources/Operations Manager of:
8. The last day the staff member reported to work
9. Close of business (cob) separation date
10. Date of the last premium deduction and, in the base currency, amount of premium and level of pensionable remuneration for the last full month of service

Discontinuance of accidental death & dismemberment coverage

1. There is no after-service coverage for accidental death or dismemberment; therefore, this portion of the insurance plan terminates at the end of the month in which the staff member separates from service.

Re-employment of retired staff

1. Under the after-service health insurance programme (ASHI), if, as a result of a new post-retirement appointment, a former staff member again becomes a participant in the Pension Fund, the monthly pension benefit is suspended and, for the duration of this suspension, eligibility for the ASHI programme is also suspended.
2. In the case of the After-Life Insurance Programme (ASLI), though, there is no link with Pension Fund status and, therefore, a post-retirement appointment of any duration with the Organization does not lead to a suspension of benefits under ASLI. Suspension of ASLI will occur only if a former staff member is eligible and elects to re-enrol in the life insurance programme for the period of re-employment. Assessment should be made as to whether the level of coverage as a premium-paying staff member or the ASLI benefit is more advantageous. Except for periods of optional re-enrolment, the ASLI entitlement remains in effect.

Conversion privileges

Conversion to individual coverage

1. All staff members who, at the time of their separation from service, are participating in the plan may make arrangements directly with Aetna to convert to an individual policy under conditions established by Aetna, without having to produce further evidence of insurability.
2. The premium rate schedule pertaining to the conversion life insurance policy is age-based and bears no relationship to the premium structure of the UN group life insurance plan. The participant is then solely responsible for paying and remitting the premiums to Aetna.
3. Inquiries as to contract terms and premium payment instructions, as well as completed applications, should be directed to:

Aetna Conversion Unit

151 Farmington Avenue

Hartford, CT 06156-1992

Tel: 800-523-5065 (in USA)

Tel: 860-273-7150 (outside USA)

1. The amount of life insurance that may be converted is based on the level of coverage at the time of separation, as follows:
2. Staff members under age 55 or those with fewer than 10 years of contribution participation in the plan may convert up to the full amount of their life insurance at separation
3. Staff members who separate before age 55 and who qualify for a year of free coverage for each 10 years of contribution participation may convert up to that amount at the end of the period of free coverage
4. Staff members over 55 who qualify for ASLI may convert with Aetna to an individual policy, the amount of the decrease in coverage at separation or, as ASLI participants, at ages 70 and 75. For example, if a staff member has US$100,000 of coverage at separation, the ASLI benefit would be US$50,000. In this case, the staff member may convert up to the US$50,000 difference in coverage. When the former staff member reaches age 70 and the after-service benefit drops to US$25,000, he/she may convert the US$25,000 difference between the new level and the prior US$50,000 ASLI level.
5. The conversion privilege must be exercised within 31 days:
6. Following termination of coverage under the UN plan; or
7. The date on which the ASLI coverage is reduced as the participant grows older.

