



INSTRUCTIONS AND IMPORTANT INFORMATION FOR COMPLETING FORM PENS.E/12

APPLICATION FOR EMERGENCY FUND ASSISTANCE (not applicable for active staff)

PURPOSE OF FORM PENS.E/12

If you are in receipt of a periodic benefit and are facing temporary unforeseen hardship and need assistance, you may apply for Emergency Fund assistance by completing the form.

The information that you provide on the form will be used by the Fund to assess your request.

IMPORTANT NOTES

Please do not fill out form PENS.E/12 until you have read the notes below

The Emergency Fund was set up to provide financial assistance to beneficiaries who are currently receiving a periodic benefit from the Fund and are facing temporary unforeseen hardship due to an emergency, such as exceptional medical expenses, funeral expenses or natural disasters, as stipulated in note A of the UNJSPF Regulations, Rules and Pension Adjustment System. The Emergency Fund is not intended to supplement pensions that may be considered insufficient by beneficiaries, whether due to general or local economic situations or limited contributory service. Also, the Emergency Fund cannot be utilized as a source for loans, scholarships or further education for a retiree or his or her beneficiaries, homebuilding or home purchase or improvements (unless justified for medical reasons).

Applications are examined on a case-by-case basis and attention is paid to several factors, such as the number of years of contributory service, amount of the UNJSPF benefit, country in which the beneficiary resides and availability of national health insurance coverage. Note A of the UNJSPF Regulations provides information on the general principles for the operation and application of the Emergency Fund and is not exhaustive.

Applications to receive Emergency Fund assistance are processed on a priority basis, provided that all the necessary supporting documentation (please see the instructions below relating to section 5 and the list of acceptable supporting documents at the end of these instructions) has been received by the Fund. Beneficiaries are notified promptly once a decision has been reached.

The Emergency Fund is used to reimburse beneficiaries for expenses incurred. Advanced payments are not made.

Requests for Emergency Fund assistance will not be granted if there is an existing overpayment that needs to be recovered by the Fund.

If a request for Emergency Fund assistance is approved, the payment will be made to the bank account currently on record with the Fund, to which periodic pension payments are made on your behalf. Applicants other than a retiree or beneficiary will be asked to provide their own banking instructions.

If you require further information or guidance, please contact UNJSPF using the contact form on the UNJSPF website, available at <https://contact.unjspf.org>, to ensure the proper routing and tracking of your correspondence and timely response by the Fund.

This information is provided to assist you in completing form PENS.E/12. If there is any ambiguity, inconsistency or conflict between the information provided herein and the UNJSPF Regulations, Rules and Pension Adjustment System, the Regulations, Rules and Pension Adjustment System shall prevail.

INSTRUCTIONS

Please do not fill out form PENS.E/12 until you have read the instructions below

Before completing the form, please visit the UNJSPF dedicated web page on the Emergency Fund, where you can find useful guidance and resources, including a booklet and a video in which the principles and conditions applicable are explained, available at www.unjspf.org/for-clients/emergency-fund.

Please type or print the information in BLOCK LETTERS when filling in the form.

SECTION 1: RETIREE OR BENEFICIARY INFORMATION

Please note that the applicant may be a retiree, beneficiary, the spouse of a retiree or beneficiary or an immediate dependant.

If the applicant is a retiree or beneficiary:

Please provide your Unique Identification number (UID) and full name. If you do not know your Unique Identification number, please send an email to requestUIDOnly@unjspf.org. You must include the following information in your email so that the member self-service (MSS) support team can verify your identity and assist you: your full name, your last employing organization before separation from service, your last duty station and your five-digit alphanumeric retirement number.

If the applicant is not a retiree or beneficiary:

Please provide the Unique Identification number (UID) and full name of the retiree or beneficiary. If you do not know the retiree's or beneficiary's Unique Identification number, please send an email to requestUIDOnly@unjspf.org. You must include the following information in your email: the retiree's or beneficiary's full name, last employing organization before separation from service, last duty station and five-digit alphanumeric retirement number.

For further details, please consult www.unjspf.org/for-clients/unique-identification-number.

The pension number and retirement number fields are optional on the form. These numbers can be found on the retiree's or beneficiary's pension statement and in his or her benefit letter, respectively.

SECTION 2: APPLICANT INFORMATION

Please indicate your full name, date of birth and contact information.

SECTION 3: NATURE OF THE EMERGENCY AND DESCRIPTION OF THE CIRCUMSTANCES SURROUNDING THE FINANCIAL HARDSHIP

Please indicate the nature of the emergency by checking the option(s) that is (are) applicable. If the "medical expenses" option is selected, please indicate whether the retiree or beneficiary has medical insurance.

In the spaces provided, please also state the amount requested and clearly describe the circumstances surrounding the financial hardship experienced.

SECTION 4: BANK ACCOUNT INFORMATION

1. Payee name

Please specify the payee name, which should match the name on your bank statement. Payment can only be made to an account in your name or to a joint account that is also held in your name. Payment cannot be remitted via cheque to a mailing address, nor can it be made to a third party.

2. Name of bank or financial institution

Please provide the name of the bank or financial institution where your account is held. Please note that payment can only be made to a bank or financial institution. Payment cannot be remitted to non-banking institutions or money transfer agencies or to other third parties.

If your account is held at an institution, such as a **brokerage firm (individual retirement account), UNESCO SEPU, AMFIE/AMFI or UNSSCA**, you should also complete "10. Additional bank account information".

3. Beneficiary account number and/or IBAN

Please provide your account number and/or IBAN. This number is used to identify your personal account.

4. Bank ID code (SWIFT code, ACH routing number, sort code, transit number, IFSC, BSB number, NCC, etc.)

Please provide a bank ID code.

5. Currency of payment

Please specify the currency of payment. The default currency of payment is the United States dollar.

6. Name of branch

Please provide the name of your bank branch, if applicable.

7. Account type

For banks **located in the United States of America**, you should indicate whether your account is a checking or savings account.

8. Bank address

You should provide the complete address of your bank or financial institution. It is preferable to provide a street address rather than a PO Box address.

9. Intermediary or correspondent bank

Intermediary or correspondent banks are often used when a payment is made in a currency that is different from the local currency (e.g. if payment is made in United States dollars to an account held in France). Any intermediary or correspondent bank fees shall be incurred by you. UNJSPF is only liable for paying the remitting bank fees.

10. Additional bank account information

Please provide this information if your account is held at an institution, such as a **brokerage firm (individual retirement account), UNESCO USLS, AMFIE/AMFI or UNSSCA.**

11. Other information

Please provide any additional information that may be required by UNJSPF.

SECTION 5: ACKNOWLEDGEMENT AND SIGNATURE

The form must be completed in full, dated and signed to be valid.

Please also submit the following supporting documents, as applicable:

1. A copy of a valid Government-issued photo ID showing your full name, date of birth and scripted signature.
2. A recently dated bank statement and/or bank document, such as a voided cheque, showing your name and account number, which should match the information that you provide in the payment instructions.
3. Any other relevant supporting documents, as listed at the end of these instructions.

HOW TO SUBMIT FORM PENS.E/12

The dated and hand-signed form must be returned to UNJSPF.

Retirees and beneficiaries who are registered users of MSS can submit UNJSPF forms and other documentation electronically under the “MSS Document Upload” tab of their MSS account. Users must download the relevant UNJSPF form under the “E-Forms” tab and complete, print, date and hand sign it. Then they must scan the form and upload it, either in JPG, JPEG or PDF format, and submit it to UNJSPF. Once the form has been successfully submitted, there is **NO NEED** to submit a physical version of the form to UNJSPF. Go to the “About member self-service (MSS)” web page, available at www.unjspf.org/resources/about-member-self-service, for a tutorial on how to upload documents using MSS.

You can also mail the physical form, which must be duly completed, dated and hand-signed, directly to UNJSPF at any of the addresses below:

If documents are sent by regular postal mail to the New York Office	If documents are sent by express courier (e.g. DHL) or registered mail to the New York Office	If documents are sent to the Geneva Office (by either postal mail or express courier)
United Nations Joint Staff Pension Fund c/o United Nations PO Box 5036, New York, NY 10163-5036 United States of America	United Nations Joint Staff Pension Fund 37th floor, 1 DHP 885 Second Avenue, New York, NY 10017 United States of America	United Nations Joint Staff Pension Fund s/c Palais des Nations 1211 Genève 10 Suisse

SUPPORTING DOCUMENTS

What supporting documents must be submitted with the application?

A REQUEST RELATING TO MEDICAL EXPENSE:

1. A dated physician’s certificate in which the diagnosis and necessity for a particular course of treatment are confirmed.
2. Original or certified true copies of invoices or detailed bills for all services rendered and/or medication dispensed.
3. Corresponding proof of payment in the form of dated receipts showing full payment for every bill produced.
4. Statements from insurance and/or national health plans showing out-of-pocket costs incurred by you.

A REQUEST RELATING TO FUNERAL EXPENSES OR OTHER EMERGENCY:

1. Original or certified true copies of invoices or detailed bills for all services rendered.
2. Corresponding proof of payment in the form of dated receipts showing full payment for every bill produced.

FOR NATURAL DISASTERS:

Proof of address.