



Information note

Edition 2014

Complementary health insurance

ILO/ITU

BENEFICIARIES

The Provident and Insurance Group of International Officials (GPAFI) is a non-profit-making association that provides group insurance schemes negotiated with insurance companies for international civil servants and their families.

To be eligible for a group insurance scheme provided by GPAFI, you must first become a member by:

- completing an application for admission to GPAFI
- paying the entrance fee
- paying the annual membership fee

The amounts for the entry and the annual membership fees can be consulted on the website of GPAFI www.gpafi.com

ADMISSION

To qualify for the UN complementary health insurance, you need to have, as your basic health insurance, the ILO/ITU Staff Health Insurance Fund (SHIF).

GPAFI has concluded with UNIQA Assurances SA a group contract for the complementary health insurance, reserved exclusively for members of GPAFI (see "BENEFICIARIES").

The maximum age limit to apply is the date of your 65th birthday.

Admission is possible on the 1st day of each month for all or part of the family.

UNIQA application for admission, including a health questionnaire, must be completed, dated and signed individually for each person whose admission is being requested, enclosing a photocopy of a valid identity document and a photocopy of your bank account information.

UNIQA Assurances SA reserves the right to refuse any application for admission or to accept an application for admission with a reserve for a limited period.

Children can be insured only if one of both parents are affiliated.

The prenatal insurance, to be concluded before the birth, allows the newborn child to be covered from birth whatever his or her health.

TERMINATION

Termination of the complementary health insurance must be made in writing to GPAFI:

- at the end of each calendar year with three months prior notice
- no later than the end of the year in the event of premium increase the following year

In the event of termination of the basic insurance, the complementary health insurance will be terminated on the same date, on presentation of a certificate of termination delivered by the basic insurance.

INSURANCE PREMIUMS

Insurance premiums are subject to revision on January 1st of each year, particularly with regards to the increase of benefits.

Insurance premiums are payable on a monthly basis to GPAFI in Swiss francs. However a different payment schedule may be considered upon request.

The premium for one month started regardless of the date, is due for the whole month in question.

Late payment or non-payment of premiums may result in suspension of benefits and/or the eventual exclusion of the member.

Monthly premiums depend on the age of the insured person on January 1st of each year and shall be as follows:

Age groups	0 - 18	19 - 35	36 - 45	46 - 55	56 - 65	> 65
Premiums in CHF	67.-	111.-	139.-	164.-	183.-	213.-

A permanent discount of 10% for immediate membership is granted:

- to a staff member who joins the same date as his/her affiliation to the basic insurance as well as family members if they join on the same date
- to the new spouse of the staff member if he/she joins on the date of the marriage
- to the newborn child affiliated on his/her date of birth.

A 50% discount is granted on the premium of the 3rd and subsequent insured child.

The 50% and the 10% discounts may not be claimed at the same time.

HOSPITALIZATION

The complementary health insurance provides benefits in the event of hospitalization in a private room (100% of the part not covered by the basic insurance up to a maximum of Fr. 500.- per day).

UNIQA has negotiated special rates with several major hospitals and private clinics in the Lake Geneva area. In order for the insured person to benefit he/she must inform the hospital/clinic that he/she is covered by UNIQA's complementary health insurance upon arrival and/or when pre-reserving the hospital stay.

The hospital/clinic will then issue UNIQA with a guarantee of the negotiated rate.

If the insured person does not convey this information, the institution may charge the stay in a private room at a higher rate than the negotiated one. In this case, UNIQA will only reimburse the expenses for hospitalization in a private room up to the negotiated rate. The difference would have to be borne by the insured person.

WAITING PERIODE

The waiting period is the period between the effective date of insurance and when the insured person may be entitled to certain benefits. A waiting period applies to the following benefits:

- a) **12 months** waiting period for maternity and childbirth.
Any pregnancy starting within 12 months from the date of the affiliation is not covered, including the costs of birth of the baby. The costs of a pregnancy starting from the 13th month of the affiliation are covered, including delivery charges. The insurer may request a medical certificate to verify the date of the beginning of the pregnancy.
- b) **24 months** waiting period for sterility treatments, including in vitro fertilization.
Sterility treatments authorized by the basic insurance and starting from the 25th month of the affiliation might be covered. The sterility treatment starts from the first investigation in case of a possible sterility and includes all the other related treatments till the pregnancy.
- c) Psychological and psychiatric treatments: **12 months** waiting period from the date of affiliation for adults and **6 months** for children of the age group 0-18 years. The limit applies depending on the age at the date of the affiliation.
In all cases, the waiting period applies for outpatient or inpatient treatment for a psychological or psychiatric condition starting after the date of the affiliation. For existing or planned treatment at the date of the affiliation, the insurer may formulate an exclusion for a longer period. The insurer may take all necessary medical information about the start date of the disease and of the treatment.

BENEFITS

The benefits of the complementary health insurance are linked to the benefits of the ILO/ITU Staff Health Insurance Fund (SHIF).

The benefits of the complementary health insurance are only paid in addition to the benefits paid by the basic insurance, according to the basic benefits and under the conditions of the basic insurance.

In lack of benefits from the basic insurance, no benefits are paid by the complementary health insurance with the exception of natural medicine outpatient treatments which are not covered by the basic insurance.

Ceilings and limits of the complementary health insurance are a maximum, even if the basic insurance decides to pay supplementary benefits or ex gratia benefits.

The table below is a summary of benefits. Only the General Conditions of Group Health and Accident Insurance PERFORMA, the insurance policy and the schedule of benefits are contractual documents.

CLAIMS FOR REIMBURSEMENT

There is no form to complete. Refunds are made on presentation of the reimbursement advice of the basic insurance within 12 months of the date of its edition.

Claims can be sent, either by postal mail to:

UNIQA Assurances SA, Rue des Eaux-Vives 94, Case postale 6402, 1211 Geneva 6

or by email exclusively to the address claims.gpafi@uniga.ch

The same claims should not be sent at several times (e.g., email and postal mail).

A photocopy of the invoice must be attached in the following cases:

- Inpatient treatment (hospitalization, convalescent home, cures, etc.)
- Treatment limited in number of days or sessions (nursing services, physiotherapy, psychotherapy, speech and language therapy, etc.)
- Optical care, appliance and device, infertility treatment and transport
- The insured person admitted with a reserve must attach copies of all invoices for the duration of the reserve.

For the reimbursement of the natural medicine expenses, not covered by the basic insurance, the original invoices with proof of payment should be sent by postal mail only within 12 months of the invoice date.

UNIQA processes the reimbursement of claims within an average of 5 working days upon receipt and shall send the insured a detailed reimbursement advice. This advice is also available online (24/7) the day following the process on the UNIQA Extranet Portal. All information to get access to the Extranet Portal are available on the website www.uniga.ch

INFORMATION AND DOCUMENTATION

GPAFI website: www.gpafi.com

Relevant information on various insurances provided by GPAFI can be found on its website. It is possible to print forms for application for admission to GPAFI and to the complementary health insurance, under Documentation and Forms.

UNIQA website: www.uniga.ch

Upon request, UNIQA provides access to a secure Extranet Portal dedicated to its insured persons on which it is possible to consult claim summaries and to print reimbursement advice. All information for access to the Extranet Portal is available on the website.

CONTACTS

For information, advice, admission formalities or payment of premiums, contact GPAFI:

At the United Nations Office at Geneva

Palais des Nations, Avenue de la Paix 8-14, 1202 Geneva

Door C6, Lift C7, Floor C4, Office C.419

Open Monday to Friday from 10 am to 12 am and from 2 pm to 4 pm

Tel.: +41 (0)22 917 26 20 or +41 (0)22 917 39 46

Fax: +41 (0)22 917 05 25

Email: gpafi@unog.ch

GPAFI also provides duty offices in some international organizations.

The schedule of these duty offices can be consulted on the website of GPAFI www.gpafi.com

For information on benefits or reimbursement, contact UNIQA:

UNIQA Assurances SA, Rue des Eaux-Vives 94, Case postale 6402, 1211 Geneva 6

Monday to Friday from 8 am to 5 pm

Tel.: +41 (0)22 718 63 30

Fax: +41 (0)22 718 63 63

Email: contact.gpafi@uniga.ch