Staff Health Insurance RULES

Effective July 2025

These Rules apply to staff members on **fixed-term, continuing, or temporary appointments under Staff Rule 420.4** and to other admitted as participants to the SHI under these Rules

World Health Organization

TABLE OF CONTENTS

INTRODUCTION **2**

PART A: APPENDIX – (glossary of terms) **3**

PART B: BENEFITS **6**

PART B: BENEFITS TABLE **9**

PART C: CLAIMS PROCEDURE AND REIMBURSEMENT **21**

EXCESSIVE CHARGES **21**

SUPPLEMENTARY BENEFIT **21**

CATASTROPHIC LIMIT **21**

REIMBURSEMENT FROM OTHER SOURCES **21**

REIMBURSEMENT OF MEDICAL TREATMENT IN THE UNITED STATES OF AMERICA (USA) **22**

SUBMITTING CLAIMS FOR REIMBURSEMENT (EXCEPT IN THE USA) **23**

CONFIRMATION BY THE PAYING MEMBER (EXCEPT IN THE USA) **23**

SUBMITTING CLAIMS FOR REIMBURSEMENT (IN THE USA) **24**

CONFIRMATION BY THE PAYING MEMBER (IN THE USA) **24**

LARGE MEDICAL INVOICES (DIRECT PAYMENT) **25**

PROOF OF PAYMENT **26**

REIMBURSEMENT OF MEDICAL EXPENSES **26**

BANK ACCOUNTS **27**

WITHHOLDING OF PAYMENTS **27**

MEDICARE (IN THE USA) **28**

CASH PAYMENTS **28**

PART D: LIST OF PATHOLOGIES AS PER INTERNATIONAL CLASSIFICATION OF DISEASES, ICD-11 ..... **29**

PART E: ELIGIBILITY AND CONTRIBUTIONS **34**

ELIGIBILITY FOR SHI PARTICIPATION **34**

CONTRIBUTIONS **37**

ELIGIBILITY TABLES **39**

PART F: FINANCE **44**

PART G: GOVERNANCE AND RULES OF PROCEDURE **46**

SHI GLOBAL OVERSIGHT COMMITTEE (SHI/GOC) **46**

SHI GLOBAL STANDING COMMITTEE (SHI/GSC) **48**

RULES OF PROCEDURE **50**

PART H: APPEALS AND GENERAL PROVISIONS **53**

APPEALS **53**

FRAUD, INFRINGEMENT OF SHI RULES **53**

DISTRAINT AGAINST CLAIMS **54**

DISSOLUTION **54**

ANNEX 1: RESPONSIBILITIES **55**

INTRODUCTION

OBJECTIVE

The objective of the WHO Staff Health Insurance (hereinafter referred to as the SHI) is to provide for the reimbursement of a major portion of the expenses for medically recognized health care incurred by participants of the SHI and provided by health care providers who must be licensed and authorized by the health authorities of their country of practice.

SCOPE

For the purposes of these Rules, unless otherwise stated, the term "staff member(s)" refers to those holding fixed-term, continuing or temporary appointments, but not to those holding temporary appointments of a duration of 60 days or less and paid on a daily basis. These Rules apply only to staff members as defined above and to other persons explicitly admitted as participants in the SHI under the Rules.

PARTICIPATING ENTITIES

- World Health Organization (WHO)
- International Agency for Research on Cancer (IARC)
- Pan American Health Organization (PAHO)
- The Joint United Nations Programme on HIV/AIDS (UNAIDS)
- International Computing Centre (ICC)
- International Drug Purchase Facility – UNITAID (UNITAID)

CONFIDENTIALITY

The personal data of participants, including the medical history or any diagnoses known to the SHI, remains strictly confidential.

NOTE

This document contains the complete text of the SHI Rules, effective 1 July 2025, (e-Manual III.7.4, Annex 7.A) applicable to the above-mentioned persons. It incorporates all amendments to date and cancels and supersedes all previous versions. In case of discrepancy between the different language versions, the English language version will prevail.

PART A: APPENDIX – (glossary of terms)

FOR THE PURPOSES OF THE SHI RULES

"accident": a sudden event resulting in injury.

"acute condition": condition characterized by a sudden onset, and limited in time.

"bill/receipt/invoice": a printed or written statement of the money owed to a health care provider for services received and must be dated, established in the currency of the country where the services were received and include the name of the patient, the details and relevant dates of treatment.

"child, adolescent and young person's health": specialized health care including physical, psychological and social primary healthcare.

"chronic (disease/condition)": characterized by being of long duration.

"**copy**"**:** a complete and accurate representation of the original document. The copy can be in a form (digital/physical) that is different from the form of the original document.

"dependent child": a child (age 0-21) or a child with a physical or mental disability (any age), recognized as a dependent child of a staff member under WHO Staff Rule 310.5.

"dependent spouse": a spouse recognized as the dependent spouse of a staff member under WHO Staff Rule 310.5.

"emergency": sudden life-threatening situation or unforeseen situation where the patient must start treatment within a maximum of 48 hours to prevent further harm or disability.

"event": illness or accident including all its related medical costs.

"former staff member": a former staff member insured under SHI continued participation.

"**fraud**"**:** practices defined under WHO's Policy on Prevention, Detection and Response to Fraud and Corruption[1], which includes fraud or fraudulent practices, corruption or corrupt practices, theft or misappropriation and collusive practice.

"health care facility": any facility providing health care (including hospitals, clinics and outpatient care centres).

"herbal medicine/phytotherapy": refers to medicine based on plant extracts and natural active ingredients, including herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants, or other plant materials, or combinations.

"lifetime entitlement": entitlement granted only once for the entire life of the participant.

"Medicare": federal U.S. health insurance program for people who are 65 or older, certain younger people with disabilities and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

[1] Available on SHI Online here.

"**Medicare Part A and Part B**"**:** components of the Medicare national health insurance programme administered by the United States of America federal government (Medicare).

"mental health professional": A health care provider who holds a degree from a university recognized by the government of the country in which they are authorised to practice in the field of mental health (i.e., to provide assessment and treatment to persons with mental health conditions), and who is licensed and/or authorized by the health authorities of their country of practice. A mental health professional may or may not have licensure or authorisation to diagnose mental health conditions and provide a corresponding ICD-11 code in their country.

"non-dependent child": a child of a staff member participating in the SHI who is not a recognized dependant under WHO Staff Rule 310.5 and who is age 18-28.

"non-dependent spouse": a spouse participating in the SHI who is not recognized as the dependent spouse of a staff member under WHO Staff Rule 310.5.

"nursing care": medically recognized healthcare services received from a nurse who is authorized by the health authorities of their country of practice.

"**original**"**:** the document as it was issued by the originating entity. The original can be a physical document, or a digital document.

"out-of-network treatment": treatment provided by a physician, health care facility or other health care provider which has not contracted with WHO/PAHO's third party administrator (TPA) for reimbursement at negotiated prices.

"participant": an active staff member, a former staff member, a recognized dependant or other eligible family member participating in the SHI.

"paying member": staff member, former staff member or surviving family member responsible for paying the contributions to the SHI, for submitting claims for reimbursement and for receiving payment thereof.

"physician": a health care provider who holds a degree from a medical school of university level recognized by the government of the country in which the physician is licensed to practise medicine, and who is licensed and authorized by the health authorities of their country of practice.

"secondary dependant": a mother, father, brother or sister recognized as a dependant of a staff member under WHO Staff Rule 310.5.

"SHI continued participation[2]**":** SHI continued participation, after separation from service, by former staff members and their insured family members, under conditions stated in paragraph E.6 and Eligibility Tables Nos. 2 to 6 of these Rules. It excludes extended SHI cover under conditions stated in paragraph E.5 of these Rules for staff members and their insured family members for up to six months from the date of separation from service.

"surface ambulance": a specifically medically equipped vehicle for carrying sick or injured people by road or water.

[2] Also referred to as "After-service Health Insurance" or "ASHI" in other documents and Rules.

"surviving family member": the surviving spouse and/or children, a surviving parent, brother or sister of a deceased staff member or former staff member participating in the SHI, under conditions stated under paragraph E.33.3 and Eligibility Table No. 5 of these Rules.

"traditional and complementary/alternative medicine": sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

"BMI"	Body Mass Index
"ERP"	Enterprise Resource Planning
"HCP"	Health Care Provider
"ICD"	International Classification of Diseases
"N/A"	Not Applicable
"SHI"	Staff Health Insurance
"SHI MA"	SHI Medical Adviser
"SHI Officer"	Head, SHI or SHI Claims Management Officer in HQ
"SHI/GSC"	SHI Global Standing Committee
"SHI/GOC"	SHI Global Oversight Committee
"SLWOP	Special leave without pay (under Staff Rule 650.9.1)
"TPA"	Third-Party Administrator
"UNJSPF"	United Nations Joint Staff Pension Fund
"UNAIDS"	The Joint United Nations Programme on HIV/AIDS

PART B: BENEFITS

INTRODUCTION

B.1 Benefits are subject to any provision, limitation and/or exclusion contained in the Benefits Table or elsewhere in these Rules.

B.1.1 The general rate of reimbursement is 80%, except for:

a) some preventive measures that are reimbursable at 100% (with ceiling);
b) hospitalization in a public ward in a public hospital that is reimbursable at 100%;
c) some medical treatment in the United States of America that may be limited to reimbursement at the rate of 70% or 60% (for more details refer to the Claims section).

B.1.2 Health care must be medically recognized, in accordance with high-quality evidence-based guidelines or treatment protocols, and must be provided by health care professionals who are licensed and authorized by the health authorities of their country of practice.

PRESCRIPTIONS

B.2 Prescriptions for medical products or medical services must be established by a physician, nurse, midwife or other health care professional who is authorized to prescribe by the health authorities of the country of practice and that are within the scope of their authorized professional specialisation.

B.2.1 Prescriptions must indicate the:

a) name and qualification of the person prescribing;
b) name and date of birth of the patient;
c) date;
d) medicinal product(s) or type of medical treatment or services prescribed;
e) dosage, frequency and duration of the treatment;
f) number of times it can be refilled without reference to the physician, nurse, midwife or other health care professional.

B.2.2 Furthermore:

g) the date of the prescription must be the same or prior to the date of purchase of medicinal products or the date of the prescribed medical treatment or services;
h) the validity of a prescription is maximum 12 months;
i) for SHI purposes, staff members and former staff members who are physicians may prescribe only medicinal products for themselves and their insured family members and may not establish medical reports nor prescribe any other treatment;
j) electronic prescriptions can be accepted by SHI for countries where the national health system authorizes them.

MEDICAL REPORTS

B.3 Medical reports must be established by a physician and must include the:

a) name and qualification of the physician;
b) name and date of birth of the patient;
c) date;
d) pathology of the patient including ICD-11 code;
e) treatment plan and its estimated duration.

B.3.1 An additional medical report may be requested from a physician other than the one performing the treatment and/or surgery.

B.3.2 For mental health related conditions, a medical report may be established by a mental health professional other than a physician only when they are licensed and authorized by the health authorities of the country of practice to diagnose mental, behavioural or neurodevelopmental disorders and to provide a corresponding ICD-11 code.

B.3.3 Medical reports are reviewed by the SHI Medical Adviser only.

COST OF TREATMENT

B.4 As soon as medical expenses for an individual case of accident or illness reach or are expected to reach US$ 50 000, prior approval must be obtained to allow for reimbursement of further related medical expenses.

PRIOR APPROVAL

B.5 Where shown as a requirement in the Benefits Table of these Rules, a paying member must obtain prior approval in order for the benefit to be eligible for reimbursement.

B.5.1 Requests for prior approval are considered and decided upon by the SHI Officer or the SHI Global Standing Committee (SHI/GSC), as appropriate.

B.5.2 Confidential medical reports and supporting documentation should be submitted via SHI Online. Former staff members who are exempted from using SHI Online should send all documents to the SHI Secretariat at Headquarters for the attention of the SHI Medical Adviser.

HOSPITALIZATION - LETTER OF GUARANTEE

B.6 A paying member or a hospital or clinic may request SHI to issue a Letter of Guarantee for direct payment of the hospital invoices (see paragraph C.12). A Letter of Guarantee is issued for an initial period of 30 calendar days of hospitalization. Any extension is subject to prior approval by SHI following the receipt of an updated medical report.

B.6.1 SHI must be informed at least two weeks in advance of any planned hospitalization, with the following information, which should be sent to: shidirectpayment@who.int:

a) the name of the hospital or clinic;
b) the admission date;
c) a medical report/treatment plan;
d) where total related costs are expected to reach US$ 50 000 or where otherwise indicated as a requirement in the Benefits Table of these Rules, a cost estimate must also be provided.

B.6.2 A Letter of Guarantee may be issued to an HCP other than a hospital or clinic, in case of high-cost treatment (e.g. dental), on a case-by-case basis.

ADVANCE PAYMENT

B.7 In exceptional cases, where a Letter of Guarantee has been refused by an HCP, SHI is authorized to make an advance payment to a hospital or clinic of US$ 20 000 maximum. The paying member's share of related medical expenses will be dealt with as for a Direct Payment.

PART B: BENEFITS TABLE

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
IMPORTANT: Cost of treatment Regardless of any other requirement in this table, as soon as medical expenses for an individual case of accident or illness reach or are expected to reach US$ 50 000, prior approval must be obtained to allow for reimbursement of further related medical expenses.					
B.10	Per individual case of accident or illness above US$ 50 000		• Medical report • Cost estimate	SHI Officer or SHI/GSC	Yes
B.10.2-B10.4	[deleted]				
B.20	Plastic surgery	No reimbursement except for:			
B20.1	Reconstructive or plastic surgery following injury, neoplasms, infection or other diseases.		• Medical report • Cost estimate • Photos/images and/or • Examination by the SHI MA.	SHI Officer	Yes
B.20.2	Plastic surgery to treat side effects of a treatment following a disease.		• Medical report • Cost estimate • Photos/images and/or • Examination by the SHI MA.	SHI Officer	Yes
B.20.3	Breast reduction surgery for medical reasons.		• Medical report including medically justified symptoms: weight of tissue to be removed must be ≥500g per breast • BMI must be ≤25 • Cost estimate • Photos/images and/or • Examination by the SHI MA.	SHI Officer	Yes
B.20.4	Plastic surgery for children under age 18 with serious congenital malformations or other medical reasons, including serious psychological impact.		• Medical report • Medical report from a mental health professional to establish that body dysmorphic disorder does not fully explain associated psychological distress and explain why non-surgical interventions are not sufficient. • Cost estimate • Photos/images and/or • Examination by SHI MA.	SHI/GSC	Yes
B.20.5	Major medical consequences of plastic surgery		• Medical report outlining medical risks if no surgery is undertaken • Cost estimate • Photos/images and/or • Examination by the SHI MA.	SHI/GSC	Yes
B.20.6	Blepharoplasty (for medical reasons only)	US$ 2000 per eye lifetime entitlement	• Medical report with field vision evaluation report and photos of patient's eye area. • Medical report from a physician other than the one performing the surgery may be requested. • Cost estimate • Photos/images and/or • Examination by SHI MA.	SHI Officer	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.21	Maxillofacial surgery: surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck, consisting of: • facial injuries, head and neck cancer and related reconstructive surgery, • orthognathic surgery, • removal of complex buried dental roots, • removal of cysts and tumors of the jaws, • primary and secondary surgery for cleft lip and palate and other congenital facial deformities, management of benign and malignant lesions of the salivary glands, removal of complex facial skin tumors and reconstruction, temporomandibular joint surgery.	Without impact on available dental credit	• Medical report • Cost estimate • Photos/images and/or • Examination by the SHI MA.	SHI Officer	Yes
B.22	Bariatric surgery		• Medical report including BMI • Cost estimate • Photos/images and/or • Examination by SHI MA.	SHI Officer	Yes
B.23	Cataract surgery (see Para. B.113)				
B.30 Hospitalization (room and board, general care including nursing care and specialized hospital services)					
B.30.1	In the USA and other high-cost countries: minimum cost of a semi-private room (2 beds), **subject to max. regional daily rate.**	365 days per accident or illness. Beyond 365 days, see Para. B.31	Medical report every 30 days	SHI Officer[3]	Yes
B.30.2	In all other countries: minimum cost of a private room **subject to max. regional daily rate**.	365 days per accident or illness. Beyond 365 days, see Para. B.31	Medical report every 30 days	SHI Officer	Yes
B.30.3	In a public ward in a public hospital (incl. medical treatment).	100% reimbursement. 365 days per accident or illness. Beyond 365 days, see Para. B.31	Medical report every 30 days	SHI Officer	Yes
B.30.4	For day-care surgery or medical treatment (no overnight stay)	Cost of the Day Package of the hospital/clinic (if this exists).		N/A	Yes

[3] For paragraphs B.30.1 to B.30.7, in case of impossibility to request prior approval due to an accident or emergency, SHI must be notified of the hospitalization without delay, ideally within two weeks.

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.30.5	Intensive day treatment for mental, behavioural or neurodevelopmental disorders (day-care and inpatient).	365 days. Beyond 365 days, see Para. B.31	Medical report with ICD-11 code and rationale for treatment approach and description of why less intensive interventions are insufficient to be submitted within the first 30 days and every 90 days thereafter.	SHI Officer	Yes
B.30.6	For geriatric care	365 days. Beyond 365 days, see Para. B.31	Medical report every 30 days	SHI Officer	Yes
B.30.7	At home	Not more than cost of a hospital stay at same location.	Medical report every 30 days	SHI Officer	Yes
B.30.8	[deleted]				
B.31	Long-term hospitalization (beyond 365 days)		Medical report with ICD-11 code and rationale for hospitalization.	SHI/GSC	Yes
B.32	For general medical check-up	No reimbursement			
B.33	For plastic surgery other than those under Paras. B.20.1, 20.2, 20.3, 20.4 and 20.5.	No reimbursement			
B.35	For maxillofacial surgery	(see Para. B.21)			
B.50 Services during hospitalization					
B.50.1	• Operating theatre • Radiology services • Laboratory services • Prescribed therapies (incl. blood transfusions) • Prescribed medicines • Anaesthetics • Physiotherapy • Internal protheses		N/A	N/A	Yes
B.50.2	[see Para. B.50.1]				
B.50.3	[see Para. B.164]				
B.50.4-B.50.8	[see Para. B.50.1]				
B.50.9	Accompanying person	No reimbursement			
B.70 Convalescence/rehabilitation in a recognized medical institution: convalescent, nursing or geriatric home					
B.70.1	In the USA and other high-cost countries: cost of a semi-private (2 beds) room, **subject to max. regional daily rate.**	30 days	Prescription	N/A	Yes
B.70.2	In all other countries: minimum cost of a private room, **subject to max. regional daily rate.**	30 days	Prescription	N/A	Yes
B.71	Convalescence/rehabilitation beyond 30 days	30 days	Medical report	SHI Officer	Yes
Nursing					
B.80	Nursing for an acute condition: e.g. dressing wounds or administering injections.		Prescription with duration of treatment.	N/A	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.80.1	[deleted]				
Long-term nursing					
B.81	Long-term nursing care:			SHI Officer	No
B.81.1	Domiciliary care for a chronic disease including a geriatric condition.	US$ 100 per day	• Medical report every 5 years • Annual prescription and yearly proof of life • Cost estimate • Copy of carer's nursing diploma • Invoice must detail care received.	SHI Officer	No
B.81.2	In a specialized institution	US$ 100 per day NB: If nursing care cannot be identified, 50% of bill will be considered as nursing care.	• Medical report every 5 years • Annual prescription and yearly proof of life • Cost estimate • Invoice must detail care received.	SHI Officer	No
B.81.3	In a hospital where the patient is awaiting placement in a specialized institution.	US$ 100 per day NB: If nursing care cannot be identified, 50% of bill will be considered as nursing care.	Medical report every 30 days	SHI Officer	No
Hospice Care					
B.83	Hospice care for terminally ill persons	US$ 100 per day NB: If nursing care cannot be identified, 50% of bill will be considered as nursing care.		N/A	No
Non-reimbursable services (non-exhaustive list)					
B.84	Home help (for shopping, cleaning, cooking, gardening, etc.)	No reimbursement			
B.85	Care provided by family member including spouse	No reimbursement			
B.86	Spa treatments/Thermal cure/Thalassotherapy	No reimbursement			
B.87	Aesthetic treatments for the sole purpose of improving the appearance	No reimbursement			
Diagnostic, therapeutic and rehabilitation services provided by:					
B.90	Physician	See also Para. B.243		N/A	Yes
B.91	Midwife			N/A	Yes
B.93	Laboratory services		Prescription	N/A	Yes
B.94	Medical imaging		Prescription	N/A	Yes
B.95	Audiology		Prescription	N/A	Yes
B.96	Orthoptics	24 sessions per year		N/A	Yes
		Over this limit	Medical report	SHI Officer	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.97	Dietitian	6 sessions per year	Prescription	N/A	Yes
		Over 6 sessions	Medical report with ICD-11 code	SHI Officer	Yes
B.98	Occupational therapy	24 sessions per year		N/A	Yes
B.99	Osteopathy/Chiropractic	24 sessions per year		N/A	Yes
B.101	Physiotherapy	24 sessions per year plus any unused sessions from 2 previous years.		N/A	Yes
		Over this limit	Medical report	SHI Officer	Yes
B.103	Podiatry/Chiropody	12 sessions per year		N/A	No
B.105	Speech therapy for adults	24 sessions per year	Prescription	N/A	Yes
		Over this limit	Medical report	SHI Officer	Yes
B.106	Sessions with a mental health professional (for face to face and distance sessions)	24 sessions per year		N/A	Yes
B.106.1	Sessions with a mental health professional for pathologies listed in Part D (above credit must be used first)	ICD-11 code will define whether falls under Part D which has no ceiling for reimbursement.	Medical report with ICD-11 code and subsequently every 12 months.	SHI Officer	Yes
B.107	[deleted]				
B.108 Child, adolescent and young person's health (specifically for)					
B.108.1	Psychomotor therapist for children up to age 18	150 sessions per year	Prescription	N/A	Yes
B.108.2	Speech therapist for children up to age 18	150 sessions per year	Prescription	N/A	Yes
B.108.3	Recognised therapies to be implemented early such as behaviour and communication approaches including ABA therapy; other recognized therapies to be assessed by the SHI MA.	ICD-11 code will define whether falls under Part D which has no ceiling for reimbursement.	• Provided by or under the supervision of a mental health professional. • Medical report from paediatrician including ICD-11 code and detailed therapeutic plan every 5 years with prescription. • Details on hours/days of therapeutic care. • New prescription needed if important evolution.	SHI Officer	Yes
Optical Care - Pro rata temporis for new participants entering the insurance or resuming participation in the course of a year to be applied to maximum amounts below:					
B.110	Corrective lenses and frames, contact lenses purchased online or not, replacement of damaged corrective lenses or frames, and related vision acuity, visual field and intraocular pressure tests.	US$ 250 optical credit for calendar year of purchase, plus any unused optical credit for previous 3 years. Available optical credit is used in the following order: • Year of purchase • Year of purchase -1 • Year of purchase -2 • Year of purchase -3	Results of an eye test from an ophthalmologist or licensed registered optometrist/optician.	N/A	No

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.111	Corrective lenses following eye surgery	US$ 250 for purchase of lenses only in 12 months following eye surgery.	Prescription	N/A	No
B.111.1	Special optical lenses (for very low vision)		Prescription	SHI Officer	Yes
B.112	Refractive eye surgery: Myopia or hypermetropia with or without astigmatism above 4 dioptres.	US$ 2000 per eye - lifetime entitlement	Medical report	SHI Officer	No
			Other cases: medical report	SHI Officer	No
B.113	Cataract	US$ 3500 per eye		N/A	No
B.113.1	Cataract with complications and/or hospitalization	No ceiling	• Medical report • Cost estimate	SHI Officer	Yes
B.114	Other eye surgeries		• Medical report • Cost estimate • Photos/images and/or • Examination by SHI MA.	SHI Officer	Yes
Dental Services - Pro rata temporis for new participants entering in the SHI or resuming participation in the course of a year to be applied to maximum amounts below					
B.120	Dental treatment, including: Hygienist, orthodontic care, odontology, endodontology, prosthetic care, periodontal treatment (including cost of services of dentist and technician, anaesthesia, materials required, crowns, bridges, dentures, implants including with bone graft or similar devices).	US$ 1500 for calendar year of treatment, plus any unused dental credit from previous 3 years. Available dental credit is used in the following order: • Year of treatment • Year of treatment -1 • Year of treatment -2 • Year of treatment -3 except for orthodontic packages billed and claimed at the beginning of treatment, that are reimbursed based on the available dental credit on the first date of treatment.		N/A	No
B.121	Prosthetic replacement of one or more teeth due to consequences of severe systemic illness (e.g. cancer, heart disease) or of a non-dental congenital defect or to allow for a non-dental surgical intervention to be performed.	Without impact on available dental credit.	• Medical report with expected duration of treatment • Cost estimate	SHI Officer	No
B.122	Dental treatment as a result of an accident.	Without impact on available dental credit..	• Medical report with expected duration of treatment • Cost estimate	SHI Officer	Yes
B.123	[deleted]				

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
Preventive Measures (reimbursed at 100% up to maximum reimbursement below, remaining balance reimbursed at 80%)					
B.150	All vaccines against infectious diseases that are approved for use in the participant's country of residence and administered according to the nationally-recommended or WHO-recommended schedule.		Prescription or administrated by a health care provider licensed and authorised by the health authorities of their country of practice.	N/A	No
B.152	Mammography from age 40	US$ 300 every 2 years		N/A	No
B.153	Gynaecological check-up	US$ 150 every 2 years		N/A	No
B.154	PSA (prostate test) from age 50	US$ 50 per year		N/A	No
B.155	Screening tests for colon cancer from age 50 (from the following):				
B.155.1	Colonoscopy	US$ 1200 every 10 years		N/A	No
B.155.2	Fecal immunochemical test	US$ 30 every 2 years		N/A	No
B.156	Medical check-up from age 55 (except for staff members), with respect to: - Cardiovascular and lung auscultation - Pulse and blood pressure measurement - BMI calculation; And the following tests: - ECG - blood test with Complete Blood Count (WBCs, RBC, Hb, Hct, MCV, Platelets), fasting glycemia, creatinine, albumin, bilirubin, ALT, AST, ALP, GGT, TG, LDL and HDL-cholesterol	Subject to max. regional ceiling every 2 years. NB: As per Para. B.32 - there is no reimbursement for hospitalization for a general medical check-up.		N/A	No
B.157	HIV test (incl. pre-test/post-test counselling)	US$ 100 per year		N/A	No
B.158	Hepatitis B and C tests (incl. pre-test/post-test counselling)	US$ 100 per year		N/A	No
B.159	Ophthalmological test for children aged 10 months to 4 years	US$ 200 (1 test - lifetime entitlement)		N/A	No
Reproductive Health					
B.160	Prenatal diagnostics			N/A	Yes
B.161	Preparation for birth delivery classes given by a midwife/nurse			N/A	Yes
B.163	Home delivery with assistance from a midwife or physician			N/A	Yes
B.164	Hospital delivery			N/A	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.165	Infertility treatment	US$ 30 000 lifetime entitlement	Prescription at start of treatment	N/A	No
B.166	Contraceptives			N/A	Yes
B.167	Sterilization			N/A	Yes
B.168	Prenatal exercises	No reimbursement			
B.169	Postnatal exercises	No reimbursement			
B.170	Surrogacy	No reimbursement			
Medicinal products					
B.180	Medicines (those reimbursable by SHI)		Prescription	N/A	Yes
B.181	Medicines (those reimbursable by SHI) prescribed by staff members/former staff members who are physicians.	For themselves and their insured family members only.	Prescription	N/A	Yes
B.182	Dressings		Prescription	N/A	Yes
B.183	Homeopathy	No reimbursement			
B.184	[deleted]				
B.185	Tobacco substitutes excluding e-cigarettes		Prescription	N/A	Yes
B.186	Food supplements	Severe medical conditions only	Medical report	SHI Officer	Yes
B.186.1	Baby milk/formula (max. age 36 months)	Severe medical conditions only	Medical report	SHI Officer	Yes
B.187	Vitamins and minerals	Specific medical conditions only. Excludes general multi-vitamins	Prescription	SHI Officer	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.188 Off-label use of medicines:					
The use of off-label medicines for indications that have not been approved by the national medicine's regulatory authority in the country of the prescriber (i.e. used for an unapproved indication or in an unapproved age group, different dosage, duration or route of administration). They might be licensed in other jurisdictions, or not (yet) licensed anywhere. Off label medicines are reimbursable by SHI only under specific conditions. *N.B. The prior approval required for consideration of reimbursement of the use of off-label medicines may be exceptionally waivered in case of emergency (see Appendix for the SHI definition of "emergency").*					
B.188.1	**High-quality evidence use** Inpatient or outpatient routine use of a treatment in accordance with high-quality evidence-based guidelines or treatment protocols.	Under US$ 12 000 per year Beyond 12 months, see Para. B.188.3	Prescription. Medical report may be requested.	SHI Officer	Yes
		Above US$ 12 000 per year Beyond 12 months, see Para. B.188.3	. Medical report from the treating physician with reference to high-quality clinical practice guidelines or standard protocols, including: - Treatment plan, cost, and expected favourable relevant outcome; - Assessment plan; - Consequence for the patient if the disease is left untreated; - Confirmation that no other recognized treatment with favourable benefit-harm ratio for the patient is available. . An additional medical report from a physician other than the one prescribing the treatment may be requested.	SHI/GSC	Yes
B.188.2	**Compassionate/experimental use** Use of a therapy, undergoing clinical trials or subject of an application for a marketing authorization, with the purpose to treat a group of patients with chronically or seriously debilitating disease or whose disease is considered to be life-threatening, and which cannot be treated satisfactorily by an authorized medicinal product. Compassionate use is characterized by very limited evidence supporting medicine use.		Normally not reimbursed. Exceptional consideration on a case-by-case basis. Requirements under Para. B.188.1 apply.	SHI/GSC	Yes
B.188.3	**Long-term or chronic use of off-label medicines** For Paras B.188.1 and B.188.2 above the maximum period of 1 year.	Amount and period to be approved.	Requirements under Para. B.188.1 apply.	SHI/GSC	Yes

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
Non-reimbursable medicinal products (non-exhaustive)					
B.201	Mineral waters	No reimbursement			
B.202	Over-the-counter medicinal products	No reimbursement			
B.204	Special shampoos, hair tonics or soaps	No reimbursement			
B.205	Sunscreen	No reimbursement			
B.206	Toiletries	No reimbursement			
B.208	Web-purchased medicaments	No reimbursement			
Appliances and accessories - maximum amount reimbursed per purchase					
B.210	Bra (special) after mastectomy	US$ 200 per year	Prescription then lifetime approval	N/A	No
B.211	Prosthesis for bra after mastectomy	US$ 400 per year	Prescription then lifetime approval	N/A	No
B.212	Hearing aid including maintenance	US$ 2500 per ear every 4 years + US$ 250 per ear every 4 years with audioprosthologist/audiologist expertise.	Prescription	N/A	No
		More frequently where hearing has deteriorated significantly.	Medical report	SHI Officer	No
B.212.1	Cochlear implants (incl. electronics/maintenance)		Medical report	N/A	Yes
B.213	Inhaler	US$ 100 every 5 years	Prescription	N/A	No
B.214	Insoles (orthopaedic and made-to-measure)	US$ 1000 every 2 years	Prescription	N/A	No
B.215	Stockings (support)	US$ 140 per year	Prescription	N/A	No
B.216	Shoes (orthopaedic and made-to-measure)	US$ 1800 per year	Prescription	N/A	No
B.217	Wig	US$ 800 per year	Prescription	N/A	No
Appliances and accessories - maximum amount reimbursed for rental or purchase (excludes over-the-counter items[4] which are non-reimbursable)					
B.219	Medical bed	US$ 2000 lifetime entitlement	Medical report	SHI Officer	No
B.219.1	Pressure relief mattress	US$ 400 every 5 years	Prescription	N/A	No
B.220	Breastfeeding pump	Purchase or rental: US$ 250 (within 36 months of the birth of a child)	Prescription	N/A	No
B.221	Collar (orthopaedic)	US$ 50 per year		N/A	No
B.222	Crutches	US$ 50 per year		N/A	No
B.223	Glucometer including maintenance	US$ 100 every 2 years		N/A	No
B.224	Walking frame	US$ 50 every 2 years		N/A	No
B.225	Apnoea Machine **or** Bilevel Positive Airway Pressure Machine (BiPAP)				

[4] Devices that do not require a prescription and/or are available over the counter.

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
B.225.1	Apnoea Machine (incl. humidifier/maintenance)	Rental: US$ 500 for first year then purchase US$ 1000 every 5 years, **or**	Prescription at the start of the treatment	N/A	No
B.225.2	[deleted]				
B.225.3	Bilevel Positive Airway Pressure Machine (BiPAP)	Rental: US$ 500 for first year then either rental or purchase US$ 2500 every 5 years	Prescription at the start of the treatment	N/A	No
B.226	Wheelchair: electric or manual or mobility scooter (incl. maintenance)	US$ 3000 every 5 years	Prescription	SHI Officer	No
B.226.1	Wheelchair: electronic or manual or mobility scooter (incl. maintenance), where medical condition has deteriorated significantly within 5 years of previous purchase.	US$ 3000	Medical report	SHI Officer	No
B.226.2	Vertical mobility for disabled people/Standing device	US$ 3000 every 5 years	Medical report	SHI Officer	No
B.227	Incontinence pads	US$ 200 per year	Prescription	N/A	No
B.228	Specific machines and external prosthesis:				
B.228.1	Insulin pump		Prescription	N/A	Yes
B.228.2	Apomorphine pump		Prescription	N/A	Yes
B.228.3	Crono pump		Prescription	N/A	Yes
B.228.4	Oxygen concentrator (incl. portable)	US$ 2000 every 5 years	Medical report	SHI Officer	Yes
B.228.5	Compression equipment		Medical report	SHI Officer	Yes
B.228.6	Brace (knee etc)		Prescription	N/A	Yes
B.228.7	Orthosis (tibial, cranial etc)		Medical report	SHI Officer	Yes
B.228.8	Corset		Medical report	SHI Officer	Yes
B.228.9	Rental of wearable cardioverter defibrillator	US$ 4000 per 30 days, (maximum 90 days)	Medical report every 30 days	SHI Officer	Yes
B.229	Other medical devices		Medical report	SHI Officer	No
Non reimbursable appliances and accessories (non-exhaustive)					
B.230	Adaptation to house (e.g. shower, stair lift, special lavatory, bath seat)	No reimbursement			
B.231	Air purifier or humidifier	No reimbursement			
B.232	Bathing suit after mastectomy	No reimbursement			
B.234	Bedding (other than pressure relief mattress)	No reimbursement			
B.235	Blood pressure monitor	No reimbursement			
B.237	Lamp (infrared)	No reimbursement			
B.238	Separate maintenance of purchased equipment	No reimbursement			
B.239	Thermometer	No reimbursement			

Para.	Benefit	Maximum reimbursement/ceiling	Requirement	Prior approval required from	Eligible for Supp. Benefit (Para. C.2)
Traditional and complementary/alternative medicine interventions					
B.240	Acupuncture	24 sessions per year		N/A	Yes
B.240.1	[deleted]				
B.241	Traditional and complementary/alternative medicine interventions – outpatient treatment only: 1. Ayurveda 2. Traditional Chinese medicine	12 sessions per year	Prescription and evidence that treatment is authorized by the health authorities of the country in which treatment is provided.	N/A	Yes
B.242	Naturopathy, phytotherapy/herbal medicine (note some herbal medicines may be covered under Para. B.241).	No reimbursement			
B.243	Any consultation with physicians related to non-reimbursable alternative medicine including prescribed exams or medicine, and further treatment thereafter.	No reimbursement			
Transportation					
B.250	**Emergency:**				
B.250.1	Surface ambulance to the nearest health care facility where the patient can be treated.			N/A	Yes
B.250.2	Any other means of transport to the nearest health care facility, should surface ambulance not be appropriate.		Medical report	SHI Officer	Yes
B.251	**Non-emergency:**				
B.251.1	Surface ambulance between hospitals/clinics.			N/A	Yes
B.251.2	[deleted]				
B.252	Search and rescue	No reimbursement			
B.253	Medical evacuation/repatriation	No reimbursement			
B.254	Any other transport, including taxi, private car or public transport	No reimbursement			
Death					
B.255	Repatriation	No reimbursement			
B.256	Mortuary/funeral expenses	No reimbursement			

PART C: CLAIMS PROCEDURE AND REIMBURSEMENT

EXCESSIVE CHARGES

C.1 If the SHI finds the charges for any service clearly excessive, reimbursement may be limited on the basis of the usual charge (usual reasonable and customary charge (URC) in some countries) in the locality for similar services.

SUPPLEMENTARY BENEFIT

C.2 An additional reimbursement, or supplementary benefit, is paid if, during the 12-month period preceding a reimbursement date, the paying member's share of medical expenses for those benefits eligible for the calculation of supplementary benefit (as indicated in the Benefits Table of these Rules), for themselves and their insured family members, and calculated on the amounts and dates on which the reimbursements were made, exceeds their catastrophic limit. Supplementary benefit is equal to 100% of the difference between the paying member's share and their catastrophic limit.

CATASTROPHIC LIMIT

C.3 A paying member's catastrophic limit is calculated as follows:

C.3.1 for staff members, 5% of their annual remuneration for purposes of contribution as per these Rules (see paragraph E.30). For staff members working part-time, it is calculated based on the 100% full-time equivalent amount;

C.3.2 for former staff members with 25 years or more of UNJSPF participation or their surviving family members, 5% of their annual UNJSPF full pension benefit (and not a reduced benefit where a lump sum was paid);

C.3.3 For former staff members with less than 25 years of UNJSPF participation or their surviving family members, whose pension benefit is referred to in Part E - Eligibility, 5% of the full annual UNJSPF pension benefit that would have been payable after 25 years of UNJSPF participation.

REIMBURSEMENT FROM OTHER SOURCES

C.4 Where another health insurance, social security cover or similar plan exists, and the SHI is acting as a complementary insurance, reimbursement is made for that part of the medical expenses not reimbursed by such health insurance, social security cover or similar plan, up to the maximum reimbursement of such medical expenses as provided by these Rules. The total amount reimbursed must not exceed 100% of the related medical expenses.

C.5 Where a third party may be under a legal liability to reimburse medical expenses for an illness or injury that would normally be reimbursable by the SHI, the paying member must submit all related medical invoices directly to the third-party insurance. If the paying member is reimbursed medical expenses from a third-party insurance that have already been reimbursed by the SHI, they must be reimbursed to the SHI. In exceptional cases, a paying member may be required by the SHI to take action to enforce such liability. In such cases, any costs related to legal proceedings will be paid by the SHI.

REIMBURSEMENT OF MEDICAL TREATMENT IN THE UNITED STATES OF AMERICA (USA)

C.6 PARTICIPANTS WHO ARE:	IN-NETWORK AND OUT-OF-NETWORK TREATMENT
a) Staff members whose duty station is outside the WHO region of the Americas, other than those under b) below.[4] b) Former staff members whose recognized place of residence is outside the WHO region of the Americas.[1,4] c) Insured family members of a) and b) above, other than children who are studying in the United States.[4]	**Max. reimbursement 60%[3]** **OR** Normally 80% reimbursement as per Part B – Benefits for: - emergency treatment, when travel is not possible for medical reasons - if SHI prior approval has been obtained; - medical treatment below US$ 1000 per event; - benefits with a United States dollar max. reimbursement.

C.7 PARTICIPANTS WHO ARE:	IN-NETWORK TREATMENT	OUT-OF-NETWORK TREATMENT
a) Staff members whose duty station is in the WHO region of the Americas. b) Staff members whose place of residence recognized by the Organization for recruitment purposes is in the USA. c) Former staff members whose place of residence is in the WHO region of the Americas.[1] d) Insured family members of the above. Children of a) and b) above who are studying in the United States of America.	Normally 80% reimbursement, as per Part B – Benefits.	**Max. reimbursement 70%[2]** **OR** Normally 80% reimbursement, as per Part B – Benefits, if SHI prior approval has been obtained for: - emergency treatment when travel to an in-network HCP is not possible for medical reasons; - medical services referred by an in-network HCP (e.g. laboratory); - mental health care benefits; - any treatment where in-network HCP is unavailable; - benefits with a United States dollar max. reimbursement.

1 Place of residence recognized by the Organization on the date of separation, unless a new certificate of residence issued by a national authority indicating the start date of the new residence is provided.

2 Paying member's share of reimbursable medical expenses are not eligible for supplementary benefit.

3 Up to 15% of the paying member's share of reimbursable medical expenses are eligible for the calculation of supplementary benefit.

4 SHI must be informed at least 2 weeks in advance of any planned medical treatment in the United States in order to ensure negotiation of invoicing with the cost-containment company, which will benefit both the paying member and the SHI.

SUBMITTING CLAIMS FOR REIMBURSEMENT (EXCEPT IN THE USA)

C.8 Claims for reimbursement must meet the following requirements:

C.8.1 Claims must be received by SHI within 12 months of the date of the invoice.[5]

C.8.2 Claims are submitted via SHI Online (shi-online.who.int)[6].

C.8.3 The paying member is responsible for submitting claims for all their insured family members[7] [8].

C.8.4 Claims must include paid medical invoices, proof of payment and prescriptions where indicated in the Benefits Table of these Rules.

C.8.5 All documents must be translated into English, French or the main working language of the relevant regional office.

C.8.6 Claims should be submitted with a maximum of 5 invoices and limited to one currency per claim.

C.8.7 Each claim submission must represent a minimum total reimbursable amount of US$ 50. However, an invoice nearing the 12-month time-limit should be submitted regardless.

CONFIRMATION BY THE PAYING MEMBER (EXCEPT IN THE USA)

C.9 By submitting a claim for reimbursement, a paying member confirms that:

C.9.1 Invoices have been paid in full.

C.9.2 Invoices have been verified regarding dates of treatment and medical services received.

C.9.3 Medical services were received during a period of participation in SHI.

C.9.4 Reimbursement (received or expected) from other sources has been declared.

C.9.5 Any discounts awarded have been declared.

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[5] **IMPORTANT:** The time-limit for submission of claims for reimbursement must be strictly adhered to.

[6] Former staff members who separated from service prior to 1 January 2020 can submit their claims using the SHI envelope WHO 339 if they so choose. This also applies to other paying members who have been granted an exception. Original documents (invoices, proof of payment, prescriptions) must be submitted. Claims should be sent to the SHI Officer at HQ or to the Budget & Finance Officer in the regional office, as appropriate.

[7] If a paying member is unable to attend to their personal affairs due to a serious accident or illness, claims may be submitted by their legal personal representative or exceptionally by a person acting in a fiduciary capacity on their behalf. In such cases, an official power of attorney document should be provided to the SHI.

[8] Insured family members may not submit claims. However, subject to the prior written approval of a paying member, the SHI may be authorized to share information with their spouse regarding their SHI affairs.

C.9.6 SHI may contact the HCP or another insurance directly to seek clarification regarding an invoice and that the SHI may use, disclose or transfer that information for purposes of the administration of the SHI.

C.9.7 Electronic documents submitted are true copies of the originals and the originals will be kept for a minimum of 3 years from the date of reimbursement and be made available to auditors or for other SHI administrative purposes upon request.

SUBMITTING CLAIMS FOR REIMBURSEMENT (IN THE USA)

C.10 Claims for participants who are resident in the United States of America are administered by a third-party administrator (TPA). Claims must meet the following requirements:

C.10.1 Claims must be received by the TPA within 12 months of the date of the invoice[9].

C.10.2 The paying member is responsible for submitting claims for all insured family members[10].

C.10.3 Claims must be submitted in accordance with the procedures determined by the TPA.

CONFIRMATION BY THE PAYING MEMBER (IN THE USA)

C.11 By submitting a claim for reimbursement to the TPA, or by authorizing an HCP to submit a claim to the TPA on their behalf, a paying member confirms that:

C.11.1 Medical services were received during a period of participation.

C.11.2 Reimbursement (received or expected) from other sources has been declared.

C.11.3 SHI may contact the TPA or another insurance directly to seek clarification regarding a claim or an individual invoice and that the SHI may use, disclose or transfer that information for purposes of the administration of the SHI.

C.11.4 Electronic documents submitted are true copies of the originals and the originals will be kept for a minimum of 3 years from the date of reimbursement and be made available to auditors or for other SHI administrative purposes upon request.

[9] **IMPORTANT:** The time-limit for submission of claims for reimbursement must be strictly adhered to.

[10] If a paying member is unable to attend to their personal affairs due to a serious accident or illness, claims may be submitted by their legal personal representative or exceptionally by a person acting in a fiduciary capacity on their behalf. In such cases, an official power of attorney document should be provided to the SHI.

LARGE MEDICAL INVOICES (DIRECT PAYMENT)

C.12 A paying member may request SHI to make payment of a large medical invoice to an HCP on their behalf, when:

C.12.1 **for staff members**, the amount of an individual medical invoice equals at least 10% of their net monthly salary (including spouse allowance, single parent allowance, transitional allowance and post adjustment, where applicable). SHI pays the full amount of the invoice to the HCP and the staff member's share of expenses (normally 20% of reimbursable medical expenses plus any non-reimbursable expenses) is recovered through deduction from their salary over a period of one to three months. The amount to be recovered is communicated via the Direct Payment Advice form.

C.12.2 **for former staff members (or their surviving family members)**, the amount of an individual medical invoice equals at least 10% of their UNJSPF monthly pension benefit. Either:

a) SHI pays the full amount of the invoice to the HCP and the former staff member pays their share of expenses (normally 20% of reimbursable medical expenses plus any non-reimbursable expenses) to the SHI, or

b) SHI pays its share (normally 80% of reimbursable medical expenses) to the HCP and the former staff member pays their share of expenses (normally 20% of reimbursable medical expenses plus any non-reimbursable expenses) to the HCP.

C.12.3 The amount to be paid by the former staff member is communicated via the Direct Payment Advice form[11]. Either:

a) The paying member requests Direct Payment through SHI Online, together with a copy of the original medical invoice(s)[12]. Requests should be made as soon as possible after receipt of the invoice from the HCP – normally within 30 days, but not later than 3 months from the date of the invoice; or

b) The HCP sends the invoice to SHI for Direct Payment.

In either case, the paying member confirms that:

c) The invoice has been verified regarding dates of treatment and medical services received.

d) Medical services were received during a period of participation.

e) Reimbursement (received or expected) from other sources has been declared.

[11] The former staff member must make payment of their share of medical expenses to either SHI or the HCP within 90 days of the date of the Direct Payment Advice form, failing which reimbursement of further medical claims will be suspended until such time as the outstanding amount has been paid.

[12] Except for former staff members who separated from service prior to 1 January 2020 who can submit their claims using the SHI envelope WHO 843 if they so choose. This also applies to other paying members who have been granted an exception. Claims should be sent to the SHI Officer at HQ or to the Budget & Finance Officer in the regional office, as appropriate.

PROOF OF PAYMENT

C.13 Proof of payment that is acceptable to the SHI depends on the amount of the medical invoice.

C.13.1 The following are accepted for invoices above US$ 2000 worldwide or US$ 250 in Switzerland and neighbouring France:

i. Credit/debit card receipt;

ii. Copy of bank statement/credit card statement with relevant amount highlighted;

iii. Copy of bank debit advice indicating payment order as 'executed' or 'fully approved';

iv. Check 'paid/cleared' (USA);

v. Post office receipt (Switzerland);

vi. Invoice with zero balance or reissued with 'invoice paid in full';

vii. Statement from a primary health insurance (if SHI acting as a complementary insurance).

C.13.2 Information regarding acceptable proof of payment for smaller amounts is available on SHI Online.

REIMBURSEMENT OF MEDICAL EXPENSES

C.14 If a claim conforms to the requirements of Part B – Benefits, as well as the requirements for submission of claims, reimbursement can be processed.

C.15 The reimbursable amount of an invoice is calculated in the currency of the invoice.

C.16 Payment is made in the currency of the paying member's bank account or, if this is not convenient to the Organization, in any freely convertible currency at the UN Operational Rate of Exchange on the date the claim is computed by the SHI.

C.17 Benefits that have a maximum reimbursement amount in United States dollars are calculated based on a unique preferential rate to avoid exchange rate fluctuations against the dollar. The preferential exchange rate is calculated using the average exchange rate of the last 24 months each January for every currency. The preferential rate is used only if it is beneficial for the paying member.

C.18 If any part of a claim is non-reimbursable or requires additional information, the paying member will be notified through annotations on the SHI Reimbursement Advice form of the reason(s) for non-reimbursement or for the need to submit additional information to allow for further consideration of the claim.

C.19 Where additional information is required, it must be provided within 12 months of the date of the original invoice, or if this period has already expired, within 3 months of the date of the request for the additional information.

C.20–
C.21 [deleted]

C.24 If a paying member disputes the way in which their claim has been reimbursed, they must contact the SHI Officer within 12 months of the date of the reimbursement advice.

If there is any doubt as to the interpretation and application of the SHI Rules in the settlement of the claim, the paying member may request the case to be referred to the SHI/GSC for review and decision.

C.24.1 For cases where reimbursement is not covered by the SHI Rules, after consideration by the SHI/GSC, the Chair of the SHI/GSC may, when reimbursement in whole or in part is justified by the particular circumstances of the case, make recommendations on reimbursement to the Comptroller for consideration and approval.

BANK ACCOUNTS

C.25 Reimbursements are paid to the paying member as follows:

C.25.1 for staff members, to the bank account into which their salary is paid. For internationally recruited staff members who have more than one bank account registered in the ERP system, they should take action in the ERP system to choose the account to which all their SHI reimbursements are paid.

C.25.2 for former staff members or surviving family members, to the bank account registered with the SHI. Any change of bank account or bank account details should be updated via SHI Online or notified to the SHI Secretariat at the earliest opportunity, and should include:

i. Account holder name (must include the paying member name)

ii. Name and address of bank

iii. Account number (IBAN if applicable)

iv. Routing codes: SWIFT/BIC/ABA/Sort code/IFSC/REG code, or local clearing code

v. Currency of the bank account.

C.25.3 Payment cannot be made through an intermediary bank.

WITHHOLDING OF PAYMENTS

C.26 In case of suspicion of fraud or attempted fraud in respect of the funds of the SHI, the SHI Officer will withhold payment of benefits and only authorize payment of benefits through direct payment to the health care provider of the cost of reimbursable care under these Rules until a decision is made on whether fraud or attempted fraud has been committed. When it has been established that fraud or attempted fraud has not been committed, any payment of withheld benefits will be made subject to, and in accordance with, these Rules. When it has been established that fraud or attempted fraud has been committed, withholding of benefits will be made subject to, and in accordance with these Rules, and taking into account any deductions under paragraph C.26.2, as the case may be.

C.26.1 If any part of the claim does not conform to the requirements of these Rules, the SHI Officer informs the claimant of the reason why full payment cannot be made. If the information related to an SHI claim is found to be incomplete, incorrect, untrue, falsified or in any way misrepresented, this may result in the rejection of a claim, and/or recovery of any payments made in this connection and/or administrative or other action taken against the participant in accordance with the relevant SHI Rules.

C.26.2 The SHI will deduct from any benefit payable to a participant under these Rules the amount of any indebtedness to the SHI on the part of the participant when payment has been made otherwise than in accordance with these Rules.

MEDICARE (IN THE USA)

C.27 A paying member who is enrolled in the United States Medicare Part A and/or Part B, or whose insured family member is enrolled in Medicare Part A and/or Part B, will receive from the SHI full reimbursement of their Medicare premiums, subject to the conditions set forth in WHO/SHI Medicare reimbursement Form and related Guidelines, Application for Reimbursement of Medicare Part A and/or Part B Premiums. See paragraph E.13 on enrolment in Medicare.

CASH PAYMENTS

C.28 Cash payments to HCPs are strongly discouraged and not allowed above the thresholds established by the Comptroller and communicated periodically to all participants. Requests for exceptions should be sent to shicompliance@who.int and may be granted on a case-by-case basis.

C.29 (see paragraph B.85)

PART D: LIST OF PATHOLOGIES AS PER INTERNATIONAL CLASSIFICATION OF DISEASES, ICD-11

(considered in Benefits Table, under paragraph B.106.1 and paragraph B.108.3)

Neurodevelopmental disorders

6A00	Disorders of intellectual development
6A00.0	Disorder of intellectual development, mild
6A00.1	Disorder of intellectual development, moderate
6A00.2	Disorder of intellectual development, severe
6A00.3	Disorder of intellectual development, profound
6A00.4	Disorder of intellectual development, provisional
6A00.Z	Disorders of intellectual development, unspecified
6A01	Developmental speech or language disorders
6A01.1	Developmental speech fluency disorder
6A03	Developmental learning disorder
6A04	Developmental motor coordination disorder
6A02	Autism spectrum disorder
6A05	Attention deficit hyperactivity disorder
6A05.Y	Attention deficit hyperactivity disorder, other specified presentation
6A05.Z	Attention deficit hyperactivity disorder, presentation unspecified
6A06	Stereotyped movement disorder
6A0Y	Other specified neurodevelopmental disorders

Schizophrenia or other primary psychotic disorders

6A20	Schizophrenia
6A21	Schizoaffective disorder
6A22	Schizotypal disorder
6A23	Acute and transient psychotic disorder
6A24	Delusional disorder
6A2Y	Other specified or primary psychotic disorder
6A2Z	Schizophrenia or other primary psychotic disorders, unspecified

Catatonia

6A40	Catatonia associated with another mental disorder
6A41	Catatonia induced by substances or medications
6A4Z	Catatonia, unspecified

Mood disorders

6A60	Bipolar type I disorder

6A61 Bipolar type II disorder
6A70.1 Single episode depressive disorder, moderate, without psychotic symptoms
6A70.2 Single episode depressive disorder, moderate, with psychotic symptoms
6A70.3 Single episode depressive disorder, severe, without psychotic symptoms
6A70.4 Single episode depressive disorder, severe, with psychotic symptoms
6A71.3 Recurrent depressive disorder, current episode severe, without psychotic symptoms
6A71 Recurrent depressive disorder

Anxiety or fear-related disorders

6B00 Generalized anxiety disorder

Obsessive-compulsive or related disorders

6B20 Obsessive-compulsive disorder
6B21 Body dysmorphic disorder
6B22 Olfactory reference disorder
6B23 Hypochondriasis
6B24 Hoarding disorder
6B25 Body-focused repetitive behaviour disorders
6B25.0 Trichotillomania
6B25.1 Excoriation disorder
6B25.Y Other specified body-focused repetitive behaviour disorders
6B25.Z Body-focused repetitive behaviour disorders, unspecified
6B2Y Other specified obsessive-compulsive or related disorders
6B2Z Obsessive-compulsive or related disorders, unspecified

Disorders specifically associated with stress

6B40 Post traumatic stress disorder
6B41 Complex post traumatic stress disorder
6B42 Prolonged grief disorder
6B44 Reactive attachment disorder (onset before 5 years of age)
6B45 Disinhibited social engagement disorder (onset before 5 years of age)

Dissociative disorders

6B60 Dissociative neurological symptom disorder
6B61 Dissociative amnesia
6B62 Trance disorder
6B63 Possession trance disorder
6B64 Dissociative identity disorder
6B65 Partial dissociative identity disorder

6B66 Depersonalization-derealization disorder
6B6Y Other specified dissociative disorders
6B6Z Dissociative disorders, unspecified

Feeding or eating disorders

6B80 Anorexia Nervosa
6B81 Bulimia Nervosa
6B82 Binge eating disorder
6B83 Avoidant-restrictive food intake disorder
6B84 Pica
6B85 Rumination-regurgitation disorder
6B8Y Other specified feeding or eating disorders
6B8Z Feeding or eating disorders, unspecified

Disorders of bodily distress or bodily experience

6C20.1 Moderate bodily distress disorder
6C20.2 Severe bodily distress disorder
6C21 Body integrity dysphoria

Disorders due to addictive behaviours

6C50 Gambling disorder
6C51 Gaming disorder

Impulse control disorders

6C70 Pyromania
6C71 Kleptomania
6C72 Compulsive sexual behaviour disorder
6C73 Intermittent explosive disorder
6C7Y Other specified impulse control disorders
6C7Z Impulse control disorders, unspecified

Disruptive behaviour or dissocial disorders

6C90 Oppositional defiant disorder
6C91 Conduct-dissocial disorder
6C9Y Other specified disruptive behaviour or dissocial disorders
6C9Z Disruptive behaviour or dissocial disorders, unspecified

Plus disruptive behaviour or dissocial disorders co-occurring with non-substance-related mental, behavioural or neurodevelopmental disorders, including those not indicated in Part D.

Personality disorders and related traits

6D10	Personality disorder
6D10.0	Mild personality disorder
6D10.1	Moderate personality disorder
6D10.2	Severe personality disorder
6D10.Z	Personality disorder, severity unspecified

Factitious disorders

6D50	Factitious disorder imposed on self
6D51	Factitious disorder imposed on another
6D5Z	Factitious disorders, unspecified

Neurocognitive disorders

6D70.0	Delirium due to disease classified elsewhere
6D70.1	Delirium due to psychoactive substances including medications
6D70.2	Delirium due to multiple etiological factors
6D70.Y	Delirium, other specified cause
6D70.Z	Delirium, unspecified or unknown cause
6D72.0	Amnestic disorder due to diseases classified elsewhere
6D72.1	Amnestic Disorder Due to Psychoactive Substances Including Medications
6D72.Y	Amnestic disorder, other specified cause
6D72.Z	Amnestic disorder, unknown or unspecified cause
6D80	Dementia due to Alzheimer Disease
6D81	Dementia due to cerebrovascular disease
6D82	Dementia due to Lewy body disease
6D83	Frontotemporal dementia
6D84	Dementia due to psychoactive substances including medications
6D85	Dementia due to diseases classified elsewhere (including all subcategories)
6D85.Y	Dementia due to other specified diseases classified elsewhere
6D8Z	Dementia, unknown or unspecified cause

Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium

6E20	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, without psychotic symptoms
6E21	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, with psychotic symptoms
6E2Z	Mental or behavioural disorders associated with pregnancy, childbirth or the puerperium, unspecified

Secondary mental or behavioural syndromes associated with disorders or diseases classified elsewhere

6E60 Secondary neurodevelopmental syndrome
6E61 Secondary psychotic syndrome
6E62 Secondary mood syndrome
6E63 Secondary anxiety syndrome
6E64 Secondary obsessive-compulsive or related syndrome
6E65 Secondary dissociative syndrome
6E66 Secondary impulse control syndrome
6E68 Secondary personality change
6E69 Secondary catatonia syndrome
6E6Y Other specified secondary mental or behavioural syndrome
6E6Z Secondary mental or behavioural syndrome, unspecified

PART E: ELIGIBILITY AND CONTRIBUTIONS

ELIGIBILITY FOR SHI PARTICIPATION

E.1 All staff members participate in the SHI under these Rules as a condition of their employment, and for the duration of their appointment, except for:

a) staff members on temporary appointments of 60 days or less and paid on a daily basis.

b) subject to the provisions of the following paragraph, staff members:

i. who are active participants in the health insurance plan of another UN common system organization, through their spouse's employment or other arrangement with another UN common system organization, as agreed at the time of their employment with WHO;

ii. who are active participants in the health insurance plan for former staff members of another UN common system organization, through their own or their spouse's participation, as agreed at the time of their employment with WHO.

E.1.1 Upon receipt of an attestation from another UN common system organization that the staff member is an active participant in their health insurance plan or an active participant in their health insurance plan for former staff members, as the case may be, WHO will consider whether the staff member is exempt from participating in the SHI and will inform them accordingly. In such case, WHO is not responsible or liable for any subsequent health care costs incurred.

E.1.2 In the event that a staff member is no longer an active participant in the health insurance plan or an active participant in the health insurance plan for former staff members of another UN common system organization, the staff member will be obliged to notify WHO thereof and to participate in the SHI as soon as their participation in such health insurance plan ceases.

E.2 SHI participation during a period of SLWOP or secondment is on a voluntary basis. Staff members must pay full contributions (their own and those of the Organization) for all insured family members for the whole period of SLWOP or secondment in one payment in advance. If a staff member chooses not to participate in SHI during SLWOP, any credits accumulated before SLWOP relating to benefits with a reimbursement ceiling in United States dollars in the Benefits Table of these Rules are brought forward unchanged upon return to duty.

E.3 The following family members of a staff member who are their recognized dependants under Staff Rule 310.5 also participate in the SHI:

E.3.1 the spouse of a staff member recognized by the Organization as a dependant as defined in Staff Rule 310.5;

E.3.2 a child recognized by the Organization as a dependant as defined in Staff Rule 310.5;

E.3.3 a parent, brother or sister of a staff member recognized by the Organization as a dependant as defined in Staff Rule 310.5.

E.3.4 Participation on behalf of recognized dependants is compulsory and automatic upon recognition of the dependant for the duration of their recognized dependency status, except in cases where the national authorities of the country of residence in which a dependant, as described under paragraph E.3.3, resides, require mandatory enrolment, or continued participation in a national health insurance plan. Upon receipt of an attestation that such dependant is an active participant in a mandatory national health insurance plan, neither WHO nor SHI is responsible or liable for any subsequent health care costs incurred.

E.4 Where a staff member does not have a dependent spouse, a non-dependent spouse may participate in the SHI. Participation must be requested through the relevant HR procedure. Participation is effective from the date of the staff member's request and until the staff member requests cancellation through the relevant HR procedure or until eligibility ceases in case of:

- a change in the spouse's dependency status;
- divorce;
- death of the spouse.

Only one spouse of a staff member may participate in the SHI at any one time.

E.4.1 A non-dependent child of a staff member may participate in the SHI if they are aged 18-28. Participation must be requested through the relevant HR procedure. Participation is effective from the date of the staff member's request and until the end of the month in which the child reaches age 28 or before then if the staff member requests cancellation through the relevant HR procedure.

E.4.2 For general service staff at official stations where the local employment conditions established under Staff Rule 1310.3 do not provide for recognition of a secondary dependant, a parent, brother or sister (but not more than one such person) may participate, provided that:

- the staff member demonstrates that they provide more than half the total support and in any case at least twice the amount of the standard allowance payable for a second dependent child;
- the staff member's spouse is not a dependent spouse;
- a brother or sister fulfils the age and school attendance conditions of Staff Rule 310.5.2;
- Participation must be requested through the relevant HR procedure. Participation is effective from the date of the staff member's request and until the staff member requests cancellation or the family member is no longer eligible for participation.

E.4.3 In case of divorce, a staff member may request an extension of insurance cover for their former spouse for up to six months following the date of divorce. The staff member must pay full contributions (their own and those of the Organization) for the former spouse for the chosen period in one payment in advance. No extension beyond the chosen period is possible.

E.5 On leaving the Organization, a staff member who is not eligible for SHI continued participation by former staff members according to either Eligibility Table No. 2, 3, 4, 5 or 6 of these Rules, may elect to extend insurance cover for themselves and their insured family members for up to six months from the date of separation from service (separation date). The staff member must pay full contributions (their own and those of the Organization) for all insured family members for the chosen period in one payment before their separation date. No extension beyond the chosen period is possible. For the purposes of paragraphs C.6 and C.7 of these SHI Rules, the staff member's place of residence for the period of extended SHI cover is the one recognized by the Organization on their separation date.

E.5.1 Where a staff member is on a fixed-term or continuing appointment and their spouse is a staff member on a temporary appointment under Staff Rule 420.4, the staff member on a fixed-term or continuing appointment may request participation for their spouse (either as a dependent or non-dependent spouse) during the spouse's contract break. The request must be made through the relevant HR procedure before the end date of the spouse's temporary appointment. Cancellation must also be requested on the date the spouse begins the new temporary appointment.

E.6 Staff members who are eligible for SHI continued participation according to either Eligibility Table No. 2, 3, 4 or 6 of these Rules may elect participation for themselves and their insured family members by submitting completed form WHO 90.3 to the SHI Secretariat at HQ before their separation date. Any lump sum required as per Eligibility Table No. 2, 3 or 4 of these Rules must be paid within 90 days of their separation date. Subject to payment of the corresponding contribution, participation will be deemed to have continued uninterrupted from the separation date.

E.7 For the purposes of eligibility for SHI continued participation, where a participant previously participated in the health insurance plan of another UN common system organization with full coverage, prior participation in that health insurance plan may be credited towards their participation in the SHI to the following extent:

E.7.1 Where there was no interruption in participation between the health insurance plan (with full coverage) of the other UN common system organization and the SHI, the full period of prior participation in the other health insurance plan may be credited towards their participation in the SHI, including for the purpose of continuous participation under Eligibility Tables No. 3 and No. 4 of these Rules.

E.7.2 Where there was an interruption in participation between the health insurance plan (with full coverage) of the other UN common system organization and the SHI, a prior period of up to 5 years in that other health insurance plan may be credited towards a period of participation in the SHI.

E.7.3 Such credits are only possible where the health insurance plan of the other UN common system organization concerned has a similar rule allowing its participants credit for prior participation in the SHI. Such credits apply to the eligibility criteria in Eligibility Tables No. 2, No. 3 and No. 4 of these Rules for both the length of participation and continuous participation.

E.8 A staff member who is eligible but who does not elect SHI continued participation for themselves and their insured family members at the latest by their separation date cannot request participation thereafter.

E.9 A former staff member may at any time cancel SHI continued participation for themselves and their insured family members by giving 3 months' notice to the SHI Secretariat at HQ. SHI continued participation cannot be resumed thereafter. By cancelling their own SHI participation, a former staff member automatically cancels participation for their insured family members.

E.9.1 (see paragraph E.33.6)

E.10 A former staff member participating in SHI who divorces may elect SHI continued participation for their former spouse, provided the former staff member continues to pay the contributions, submits claims and receive reimbursements on the former spouse's behalf.

E.11 The benefits of the SHI do not extend to any medical expenses incurred after the date when participation ended. However, for children who are under medical treatment when they reach the age limit for participation, reimbursement is allowed for expenses of such treatment incurred within 90 days of the date when their participation ended.

E.12 Following the death of a staff member or former staff member, SHI continued participation is automatic for the surviving spouse and/or children, and/or surviving secondary dependant (parent, brother or sister) who were insured at the date of the staff member or former staff member's death. They may, at any time cancel SHI continued participation by giving 3 months' notice to the SHI Secretariat at HQ. Participation cannot be resumed thereafter.

E.13 Upon reaching age 65, paying members and their insured family members who qualify for participation in the United States Medicare Part A and/or Part B are required to enrol in Medicare Part A and/or Part B, as applicable. Paying members who choose not to enrol themselves and/or their insured family members in Medicare Part A and/or Part B, as applicable, will have their medical expenses in the USA dealt with as if they were enrolled. No penalty will be applied with respect to medical expenses incurred by paying members and their insured family members who were age 75 or older on 1 January 2019.

E.14 Where the insured family members of a former staff member include a child with a physical or mental disability who is age 21 or over, such a child may continue to be insured for as long as they are in receipt of a child's benefit under the Regulations, Rules and Pension Adjustment System of the UNJSPF.

CONTRIBUTIONS

E.30 SHI contributions of staff members are based on the total of net base salary (including spouse allowance, single parent allowance, transitional allowance, and post adjustment, where applicable) and are deducted from the staff member's monthly salary.

E.31 SHI contributions of staff members employed on a part-time basis and those who are granted special leave with partial pay are also based on the remuneration for full-time employment. SHI contributions of staff members on SLWOP are based on their last net base salary (including spouse allowance, single parent allowance, transitional allowance and post adjustment, where applicable).

E.32 The contributions of staff members whose employment ceases after the completion of at least 20 years of service as per Eligibility Table No. 2 of these Rules and who elect to SHI continued participation are calculated as follows:

E.32.1 As for SLWOP until the age of early retirement;

E.32.2 As for former staff members thereafter.

E.33 SHI contributions of former staff members participating in the SHI and their insured family members are based on the full pension benefit of the former staff member under the Regulations, Rules and Pension Adjustment System of the UNJSPF after a minimum length of 30 years of UNJSPF participation, and not on a reduced pension benefit when a lump sum was paid.

E.33.1 Former staff members retiring with 30 years or more of UNJSPF participation contribute on the basis of their full pension benefit;

E.33.2 Former staff members retiring with less than 30 years of UNJSPF participation contribute on the basis of the full pension benefit which would have been payable after 30 years of UNJSPF participation.

E.33.3 Contributions of surviving family members are based on 50% of the amounts indicated above.

E.33.4 Contributions are deducted one month in advance from the monthly UNJSPF benefit.

E.33.5 Where a former staff member defers payment of their UNJSPF benefit, or in cases where there is no UNJSPF monthly benefit, SHI contributions are payable annually and in advance directly to the SHI. Payment must be made within 90 days of the date of the SHI invoice, failing which reimbursement of further medical claims will be withheld until such time as outstanding SHI contributions have been paid.

E.33.6 Non-payment of SHI contributions for 12 months ends SHI participation. Re-admittance thereafter is not allowed.

E.34 Former staff members participating in the SHI who are re-employed on a temporary appointment must pay contributions both as a former staff member and as a temporary staff member, except where the conditions of re-employment require re-entry into the UNJSPF as a contributing participant. In such cases the former staff member must inform the SHI Secretariat.

E.35 (see paragraph E.33.3)

E.36 Based on the financial experience of the SHI, the rates of contributions may be changed by decision of the Director-General on the recommendation of the SHI/GOC after consultation with the SHI/GSC.

E.37 Where both spouses are staff members participating in the SHI under these Rules, both contribute separately to the SHI as staff members. The spouse with the higher remuneration contributes for the children. Where both spouses are former staff members participating in the SHI, both contribute separately.

E.38 [deleted]

ELIGIBILITY TABLES

Table No. 1

Eligibility and Contribution Rates for staff members, their dependants and other family members

	Participation	Except in case of emergency or accident, benefits limited to a max. of US$ 10,000 per year for the first 3 years of cover (pro-rata temporis)	Contribution rates	
			Paying member	Organization
Staff member	Compulsory[1]	N/A	2.55%	5.10%
Dependent spouse	Compulsory	N/A	2.55%	5.10%
Dependent child	Compulsory	N/A	0.35%	0.70%
Secondary dependant	Compulsory[2]	Applicable	5.69%	11.38%
Non-dependent spouse	Voluntary	Applicable except if spouse enters the SHI up to 3 months after either: (i) the date of the staff member's entry into the SHI, (ii) the date of marriage, or (iii) a change in spouse's dependency status.	2.55%	5.10%
Non-dependent child	Voluntary	N/A	1.03%	2.06%

1 Excluding staff members who are exempt as per paragraph E.1.

2 Excluding a secondary dependant who is exempt as per paragraph E.3.4.

Important: Participation during a period of SLWOP or secondment is voluntary. Staff members, their dependants and eligible family members can be covered, provided that the staff member pays full contributions (their own and those of the Organization) for all insured family members for the whole period of SLWOP or secondment in one payment in advance.

Table No. 2

Eligibility for SHI continued participation
Staff members who separate from service prior to UNJSPF Early Retirement Age

	Conditions of eligibility	Lump sum payable
Staff member	Must have been an SHI participant[1] for at least 20 years, and be: **Age 50 - 55** on separation date if UNJSPF entry date was before **1 Jan 2014** **Age 53 - 58** on separation date if UNJSPF entry date was **on or after 1 Jan 2014**	As for SLWOP from the separation date until: (i) the end of the month in which the staff member reaches age 55, or (ii) the end of the month in which the staff member reaches age 58.
Spouse	Must be an SHI participant on staff member's separation date and be eligible for SHI continued participation at staff member's Early Retirement Age (see Table No. 3).	As above.
Secondary dependant	Must be an SHI participant on staff member's separation date and be eligible for SHI continued participation at staff member's Early Retirement Age (see Table No. 3).	As above.
Dependent child	Must be an SHI participant on staff member's separation date.	As above.
Non-dependent child	Must be an SHI participant on staff member's separation date.	As above.

1 Excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis.

Table No. 3
Eligibility for SHI continued participation
Staff members whose separation date is between UNJSPF Early Retirement Age and UNJSPF Normal Retirement Age

	Conditions of eligibility	Lump sum payable[1]
Staff member	Must have been an SHI participant[2] for at least 10 years, 5 of which must be continuous and be: **Age 55 or above** if **UNJSPF entry date was before 1 Jan 2014**, or **Age 58 or above** if UNJSPF entry date was **on or after 1 Jan 2014**	None
Spouse NB: A period of participation by a former spouse is not transferable.	Must be an SHI participant on staff member's separation date and have participated for at least 5 years **or**	None
	Must be an SHI participant on staff member's separation date and staff member must have paid the corresponding lump sum for each year or portion of a year that spouse's participation is short of 5 years.	**5.06%[1]**
Secondary dependant NB: A period of participation by a former secondary dependant is not transferable.	Must be an SHI participant on staff member's separation date and have participated for at least 10 years **or**	None
	Must be an SHI participant on staff member's separation date and staff member must have paid the corresponding lump sum for each year or portion of a year that secondary dependant's participation is short of 10 years.	**7.11%[1]**
Dependent child	Must be an SHI participant on staff member's separation date.	None
Non-dependent child	Must be an SHI participant on staff member's separation date.	None

1 Percentage of staff member's last annual net base salary (including spouse allowance, single parent allowance, transitional allowance, and post adjustment, where applicable), for each year or portion of a year that participation is short of 5 or 10 years as applicable.

2 Excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis. However, periods of participation in the health insurance of another UN common system organization may apply (see paragraph E.7).

Table No. 4

Eligibility for SHI continued participation
Staff members whose separation date is at UNJSPF Normal Retirement Age or later

	Conditions of eligibility	Lump sum payable[1]
Staff member **Normal Retirement Age:** **Age 60** if UNJSPF entry date before **1 Jan1990** **Age 62** if UNJSPF entry date **between 1 Jan 1990 and 31 Dec 2013** **Age 65** if UNJSPF entry date **on or after 1 Jan 2014**	Must have been an SHI participant[2] for at least 10 years, 5 of which must be continuous, or	None
	Must have been an SHI participant[2] for at least 5 continuous years and have paid the corresponding lump for each year or portion of a year that the staff member's participation is short of 10 years.	**9.61%[1]**
Spouse NB: A period of participation by a former spouse is not transferable.	Must be an SHI participant on staff member's separation date and have participated for at least 5 years, **or**	None
	Must be an SHI participant on staff member's separation date and staff member must have paid the corresponding lump sum for each year or portion of a year that spouse's participation is short of 5 years.	**Staff member has at least 10 years in the SHI: 5.06%[1]**
		Staff member has at least 5 years but not 10 years in the SHI: 9.61%[1]
Secondary dependant NB: A period of participation by a former secondary dependant is not transferable.	Must be an SHI participant on staff member's separation date and have participated for at least 10 years **or**	None
	Must be an SHI participant on staff member's separation date and staff member must have paid the corresponding lump sum for each year or portion of a year that secondary dependant's participation is short of 10 years.	**Staff member has at least 10 years in the SHI: 7.11%[1]**
		Staff member has at least 5 years but not 10 years in the SHI: 9.61%[1]
Dependent child	Must be an SHI participant on staff member's separation date.	None
Non-dependent child	Must be an SHI participant on staff member's separation date.	None

1 Percentage of staff member's last annual net base salary (including spouse allowance, single parent allowance, transitional allowance, and post adjustment, where applicable), for each year or portion of a year that participation is short of 5 or 10 years as applicable.

2 Excluding participation as a staff member on temporary appointment of 60 days or less and paid on a daily basis. However, periods of participation in the health insurance of another UN common system organization may apply (see paragraph E.7).

Table No. 5

Eligibility for SHI continued participation
Surviving family members after the death of a staff member or a former staff member

	Conditions of eligibility	Lump sum payable
Spouse	Must be an SHI participant on the date of death of the staff member or former staff member.	None
Dependent child		
Secondary dependant		
Non-dependent child		

Table No. 6

Eligibility for SHI continued participation
Staff members who are awarded a disability benefit by the UNJSPF

	Conditions of eligibility	Lump sum payable
Staff member	Separation from service must be due to the award of a disability benefit by the UNJSPF.	None
Spouse	Must be an SHI participant on staff member's separation date.	
Dependent child		
Secondary dependant		
Non-dependent child		

Table No. 7

Contribution rates for former staff members, their insured family members and surviving family members

	Contribution rates	
	Paying member	Organization
Former staff member, spouse or surviving spouse	2.55%	5.10%
Dependent child	0.35%	0.70%
Secondary dependant	5.69%	11.38%
Non-dependent child	1.03%	2.06%

PART F: FINANCE

F.1 The SHI Fund is considered as a WHO Trust Fund, to which:

F.1.1 the contributions of the participants and of the participating entities are credited monthly;

F.1.2 incidental revenue is credited, including investment earnings;

F.1.3 all benefits paid by the SHI are charged;

F.1.4 any administrative expenses are charged, up to a maximum of 6% of total contributions collected.

The SHI prepares annually audited financial statements in compliance with International Public Sector Accounting Standards, and provides other information as necessary to support the governance of the SHI.

The transactions recorded within paragraphs F.1.1 to F.1.4 inclusive constitute movements in the net SHI plan assets, which are recorded within the SHI Trust Fund by each participating entity. The net assets are attributable to both participating entities and their respective participants, and are not available for the use of participating entities in their general operations.

F.2 The income of the SHI consists of:

F.2.1 contributions from the participating entities and the participants to the first tier;

F.2.2 contributions to the second tier, where required to meet the provisions of paragraph F.6;

F.2.3 any incidental revenue, including investment earnings.

F.3 On an annual basis, each participating entity is expected to fully fund:

F.3.1 any past liabilities and ongoing cash flows;

F.3.2 any primary deficit between first tier contributions (both from the participating entity and its participants) and the sum of both claims and operating/ administrative costs.

F.4 In relation to past liabilities, each participating entity is to fund progressively its respective liability for former staff members and their insured family members, which is calculated on an annual basis. The liability is an estimated amount based on actuarial projections to cover the projected costs of benefits to former staff members, future former staff members and their insured family members participating in the SHI under these Rules, to the extent that such estimated costs will not be met by ongoing contributions received in respect of such persons.

F.5 The first tier of contributions consists of a set of rates (see Eligibility Tables of these Rules) that is applicable to all participants in the SHI, both staff members and former staff members. First-tier contributions are financed in the ratio of two thirds by the participating entity to one third by the staff members and former staff members.

F.6 Any participating entity shall be required to add a second tier of contributions to the SHI throughout the year following any calendar year in which the claims reimbursed to its staff members total more than 75% of the first tier contributions by both the staff members and the participating entity concerned. The amount by which these claims exceed the 75% ceiling is defined as the participating entity deficit. This amount must be recovered by the SHI through the establishment of a second tier of contributions.

F.7 During the first year that a second tier is required, its cost shall be borne by the participating entity concerned, provided that the participating entity deficit does not exceed either 10% of the first tier contributions by staff members and the participating entity, or US$ 50 000, whichever is lower.

F.8 If the participating entity deficit exceeds either of these amounts, or if there is a participating entity deficit for two or more consecutive years, the second tier shall be financed in the ratio of two thirds by the participating entity to one third by the respective participants, excluding former staff members participating in the SHI, surviving family members and temporary staff members. In this circumstance, the rates of contribution to the second tier shall be fixed so as to yield an amount equal to the preceding year's participating entity's deficit and projection for the current year's deficit, if any. These rates shall bear the same relation to each other as do those set out in the Eligibility Tables of these Rules.

F.9 The SHI/GOC may recommend to the Director-General to enter into such reinsurance arrangements as it deems necessary in the interests of the SHI.

F.10 A reserve is maintained in the Trust Fund, equal to:

F.10.1 an amount corresponding to one sixth of the previous year's reimbursements, for settlement of outstanding claims should the SHI have to be liquidated; plus

F.10.2 an amount funded and set aside by the respective participating entities to cover the projected costs of benefits to former staff members and future former staff members and their insured family members participating in the SHI under these Rules, to the extent that such estimated costs will not be met by contributions received in respect of such persons;

F.10.3 25% of the first-tier contributions made by staff members and the participating entity to meet the requirements of paragraph F.10.2.

F.10.4 Additional contributions made by participating entities on behalf of their participants in order to meet the requirements of paragraph F.10.2.

F.11 The income of the SHI as set out in paragraph F.2 shall be retained by SHI to meet the financial obligations to participants for the provision of benefits as well as future changes in benefits provided to participants. Such income cannot be returned to participating entities or its participants, except under dissolution of the SHI or withdrawal from participation in SHI by a participating entity.

On the occasion that a participating entity exceeds the financing of its share of all SHI liabilities, including the SHI liabilities for former staff members and their insured family members as set out in paragraph F.4, it may petition the SHI/GOC for the return of up to the full surplus amount, to the extent to which the participating entity had provided additional funding to SHI above and beyond its first and second tier contribution obligations. Upon consideration by the SHI/GOC, and the approval of the Comptroller, the return of funds will be enacted within a reasonable period thereafter to allow for the cost effective liquidation of invested assets.

PART G: GOVERNANCE AND RULES OF PROCEDURE

SHI GLOBAL OVERSIGHT COMMITTEE (SHI/GOC)

G.1 An SHI/GOC is established to oversee the SHI and advise the Director-General on SHI management and operations. In particular, the SHI/GOC shall:

G.1.1 review the operations and the financial status of the SHI, including levels of benefits and contributions consistent with the Rules and guiding principles;

G.1.2 review the financial stability and the adequacy of the financial reserve of the SHI;

G.1.3 consider all SHI requests received from the SHI/GSC;

G.1.4 review the annual report and overall performance of the SHI/GSC;

G.1.5 organize periodic actuarial studies and approve the underlying assumptions, review the actuarial reports and recommend any required changes to the SHI to the Director-General after consultation with the SHI/GSC;

G.1.6 review the external auditors' report, and recommend appropriate action on any recommendations in the report;

G.1.7 review any internal audit reports referred to it and recommend appropriate action on implementation of any recommendations concerning the SHI;

G.1.8 based on advice from the Advisory Investment Committee, review the SHI investment strategy and review its performance annually;

G.1.9 review the implementation of the recommendations from internal and external audit reports referred to it on the accounts of the SHI;

G.1.10 provide information to the Advisory Investment Committee to assist in the review of the SHI investments;

G.1.11 review and ensure the adequacy of the WHO Secretariat's direction and management of the SHI and review its performance annually;

G.1.12 keep itself informed of developments in the best practices of comparable health insurance plans;

G.1.13 in consultation with regional directors of administration and finance, recommend the implementation of measures to provide effective and methodical examination of claims, internal audit and fraud prevention;

G.1.14 advise the Director-General on the implementation of measures for cost containment;

G.1.15 submit an annual report on the operations, administration and accounts of the SHI to the Director-General and all staff committees and make an executive summary accessible to all participants;

G.1.16 propose amendments to the SHI Rules for decision by the Director-General;

G.1.17 review objectives and establish guiding principles and an assessment model and indicators to evaluate the performance of the SHI/GOC and SHI/GSC.

G.2 The SHI/GOC is composed of:

G.2.1 Assistant Director-General, Business Operations (ex officio, Chair); Comptroller (ex officio, non-voting) (alternate Chair);

G.2.2 Seven members from within HQ and the regions (with no more than one member per HQ/region) designated by the Director-General, for HQ and in consultation with the Regional Directors for their respective regional offices;

G.2.3 Five members designated by the Headquarters and regional staff committees (with no more than one member per HQ/region) who serve on a biennial rotating basis;

G.2.4 Two members elected by the former staff members, at large, who are participants in the SHI.

G.3 Members other than the Assistant Director-General, Business Operations and the Comptroller, shall serve for a renewable term of two years, with the exception of members elected by former staff members (see G.2.4), who shall serve for a term of four years. The SHI/GOC members cannot serve concurrently on the SHI/GSC, SHI Medical Review Committee or on the SHI/GSC Sub-Committee.

G.4 The SHI/GOC is advised by:

G.4.1 external advisers (normally three), appointed by the Director-General;

G.4.2 a WHO Legal Officer from the Office of the Legal Counsel;

G.5 The observers to the SHI/GOC are:

G.5.1 the chair of the SHI/GSC;

G.5.2 an IARC representative designated by the Director of IARC;

G.5.3 a UNAIDS representative designated by the Executive Director of UNAIDS.

G.6 At the Chair's invitation, Director Staff Health and Wellbeing, Director Human Resources and Talent, Director Office of Internal Oversight Services, and/or Director Information Management and Technology may attend meetings of the SHI/GOC to provide information and advice in their respective areas of expertise.

G.7 External advisers to the SHI/GOC will be appointed by the Director-General. The external advisers will have strong experience in health insurance plans (particularly mutual plans). The external advisers shall not be employed by WHO or be a participant or former participant in the SHI. The external advisers will not be remunerated for attending SHI/GOC meetings but will be entitled to reimbursement for travel and other expenses to attend SHI/GOC meetings under the appropriate WHO policy.

G.8 The Director-General designates an SHI Officer at HQ to act as Secretary of the Committee.

G.9 The SHI/GOC shall function in accordance with the rules of procedure described below and will normally meet twice a year. In fulfilling its responsibilities, the SHI/GOC may obtain, from any source, medical, technical and actuarial advice that it deems necessary. However, if the consultation is likely to result in a financial engagement, concurrence must be obtained from appropriate officers in application of WHO policies.

SHI GLOBAL STANDING COMMITTEE (SHI/GSC)

G.10 An SHI/GSC is established to decide on cases referred to it in accordance with the SHI Rules, and recommends to the SHI/GOC any proposed amendments to the SHI Rules and practices of the SHI. In particular, the SHI/GSC shall:

G.10.1 apply the Rules and take decisions on cases referred to it;

G.10.2 obtain, from any source, necessary medical or technical information in order to determine whether the care provided in a given case is medically recognized and whether the costs are excessive. However, if obtaining such information is likely to result in a financial engagement, the concurrence of the appropriate Secretariat officer must be sought in accordance with the delegation of authority from the Director-General;

G.10.3 propose to the SHI/GOC such amendments to the SHI Rules or practices of the SHI that, in the light of experience, it may consider advisable;

G.10.4 submit an annual report to the SHI/GOC that analyses the results of the work and operational costs of the SHI/GSC, potential changes in benefits, trends in cases reviewed and areas of opportunity for cost containment;

G.10.5 provide guidelines and tools to the SHI Officers to support them.

G.11 The SHI/GSC is composed of:

G.11.1 nine members and nine alternate members representing the administration, including:

a) two members and two alternate members from HQ designated by the Director-General,

b) six members and six alternate members from the regional offices designated by the Director-General in consultation with the regional directors,

c) one member and one alternate member designated by UNAIDS Administration.

G.11.2 nine members and nine alternate members representing the participants, as follows:

a) seven members and seven alternate members designated by staff committees from HQ and regional offices (two from HQ, four from the regions and one from UNAIDS);

b) two members and two alternate members elected by the former staff members at large, who are participants in the SHI as stated in Eligibility Tables No. 2 and 3 of these Rules.

G.12 The members and alternate members designated by the Director-General shall, to the extent possible, represent a balance of expertise in medicine, finance, human resources and health care finance. A similar profile for the other members would be desirable. An alternate member may act in the respective member's place when the member is unable to attend a meeting. Members and their alternates shall serve for a renewable term of two years, with the exception of members elected by the former staff members (see paragraph G.11.2 b)), who shall serve for a term of four years. Only members or, in their absence, their alternates can vote. The SHI/GSC members and alternate members cannot serve concurrently on the SHI/GOC.

G.13 The SHI/GSC is advised by:

G.13.1 a Medical Adviser, appointed by the Director-General on the recommendation of the SHI/GOC;

G.13.2 a Legal Officer from the Office of the Legal Counsel.

G.14 The Director-General designates an SHI Officer to act as Secretary of the Committee.

G.15 An Interim SHI/GSC shall be established to transact urgent business when the SHI/GSC itself is not in session. The Interim SHI/GSC is composed of four members (and four alternate members) from the two groups representing respectively, the administration and the participants. The membership of the Interim SHI/GSC includes the SHI GSC Chair (and the alternate SHI/GSC Chair) who shall chair the Interim SHI/GSC. The other members (and alternate members) of the Interim SHI/GSC shall be appointed by the SHI/GSC for a two-year period from among the SHI/GSC members. The presence (in person or through video conference) of the Chair and of two other voting members (or alternate Chair/members replacing Chair/members) constitutes the quorum of the Interim SHI/GSC. As far as is practicable, the Interim SHI/GSC shall observe the rules of procedure established for the SHI/GSC. However, the Interim SHI/GSC shall be empowered to adopt such additional operating guidelines as may be necessary for it to conduct its work. The Secretariat officer and advisers shall not participate in the taking of decisions, or in any voting. All decisions of the Interim SHI/GSC shall be reported to the SHI/GSC at its next meeting.

G.15.1 A specialized sub-committee of the SHI/GSC shall be established to review cases related to off-label use of medicines (see paragraph B.188) and other complex medical questions referred to it by the SHI/GSC. The sub-committee is composed of five members of the SHI/GSC appointed by the SHI/GSC. The sub-committee shall elect a Chair among its membership. It shall be advised by two technical experts nominated by the Director-General from among WHO staff members, who cannot be members of the SHI/GSC and whose expertise shall include, medicine, pharmacy, pharmacology, immunology, oncology and other relevant specialties. The sub-committee shall be convened by the SHI Medical Adviser (see paragraph G.13). It shall make recommendations to the SHI/GSC on cases referred to it by the SHI/GSC where the annual total amount involved is not expected to exceed US$ 200 000. Cases will be circulated to the sub-committee electronically for review and recommendation. The recommendations of the sub-committee will be presented to the SHI/GSC for decision at its next meeting.

G.16 The SHI/GSC shall function in accordance with the rules of procedure described hereafter.

RULES OF PROCEDURE

SHI/GOC

Chair and alternate Chair

G.20 The Assistant Director-General, Business Operations, shall be the Chair of the SHI/GOC. The Comptroller shall be the alternate Chair.

Conduct of business

G.21 The presence (in person or through video conference) of nine-voting members, four of the seven members designated by the Director-General under paragraph G.2.2 above, and four of the seven members designated/elected under paragraphs G.2.3 and G.2.4 above and the Chair (or alternate chair when acting for the Chair), constitutes the quorum of the Committee.

G.22 The Secretariat will provide the members with a proposed agenda together with relevant background information in advance of each meeting.

G.23 The Committee will adopt its recommendations by consensus wherever possible. In the event that consensus cannot be achieved, the minority views will be recorded in the report. The Secretariat officers, advisers and the Comptroller (when present at meetings but not serving as Chair) will not participate in the taking of decisions, or in any voting.

G.24 In the event that any decision is contrary to a recommendation made by an adviser to the Committee, the dissenting recommendation will be documented and reported in the minutes of the meeting.

Meetings of the SHI/GOC

G.25 The SHI/GOC will meet at least twice annually in person or by telephone/video conference. One of these two meetings shall normally be timed to occur on or around 31 March in order to review the draft SHI annual report for the previous year. Meetings of the Committee shall be convened by the Secretariat.

G.26 The meetings of the Committee shall be held in private. The records and all correspondence of the Committee shall be private and kept in the care of the Secretary of the Committee.

G.27 Notwithstanding the above paragraphs G.21 to G.26, in exceptional cases, when deemed necessary by the Chair, the Chair, through the Secretariat, may circulate proposals by email for the voting members' approval by a set date. If any voting member objects to the adoption of any such proposal by the set date, that proposal will be considered as not having been adopted by the SHI/GOC and, if pursued by the Chair, it will be referred to an SHI/GOC meeting held virtually or in person under the above paragraphs for consideration or a subsequent revised version circulated email. In the absence of any objection by voting members received by email by the set date, the proposal will be considered to have been validly adopted by the SHI/GOC. The Chair, through the Secretariat, will inform the SHI/GOC members accordingly and that communication will be regarded as the date of the adoption of the proposal.

Secretariat

G.28 Minutes of each meeting of the Committee shall be prepared by the Secretariat in English. An initial draft shall be distributed as soon as possible to all members and advisers of the Committee, who shall notify the Secretariat of any comments, additions or amendments within two weeks of receipt. The Secretariat shall take into account such comments, additions or amendments and prepare a final version of the minutes, which shall be reviewed and signed by the Chair on behalf of the Committee.

G.29 The final, approved minutes of each Committee meeting, including all recommendations adopted at the meeting, shall be sent to the Director-General by the Secretariat, highlighting any issues of concern and proposed actions if relevant. This summary shall be sent as soon as is practicable and normally within one month of the Committee meeting date.

General

G.30 These rules of procedure may only be amended by a decision of the Director-General. However, subject to the provisions of these rules, the Committee shall adopt such operating guidelines as may be necessary for it to conduct its work.

SHI/GSC

Chair and alternate Chair and Committee members

G.31 The Director-General shall appoint a Chair and alternate Chair from among the membership of the SHI/GSC, on the recommendation of the other members of the Committee.

G.32 The Chair and alternate Chair shall be from different groups, whenever possible.

G.33 The term of office for the Chair and alternate Chair shall normally be for a two-year period.

Conduct of business

G.34 The presence (in person or through telephone/video conference) of seven members, at least two from each group, and either the Chair or alternate Chair, constitutes the quorum of the Committee.

G.35 The Secretariat will provide the members with a proposed agenda together with relevant background information in advance of each meeting.

G.36 The Committee will adopt its recommendations by consensus wherever possible. In the event that consensus cannot be achieved, a vote will be taken as follows:

G.36.1 the decision on the recommendation will be taken by a majority of the members present and voting [13] at the meeting;

G.36.2 only a member or an alternate replacing a member can vote;

G.36.3 the Chair shall cast a vote only in the event of a tie.

[13] "members present and voting" means members casting an affirmative or negative vote.

G.37 The Secretariat officers and advisers will not participate in the taking of decisions, or in any voting.

G.38 In the event that consensus cannot be reached, any minority views shall be recorded in the minutes of the meeting. In addition, in the case of any decision taken that is contrary to a recommendation made by an adviser to the Committee, the dissenting recommendation will be documented and reported in the minutes of the meeting.

Meetings of the SHI/GSC

G.39 The SHI/GSC shall meet at least four times per year, in person or through telephone/video conference. Meetings shall be convened by the Secretariat.

G.40 The meetings of the Committee shall be held in private with all records and correspondence kept in the care of the Secretary.

Secretariat

G.41 Minutes of each meeting of the Committee shall be prepared by the Secretariat in English. An initial draft shall be distributed as soon as possible to all members and advisers of the Committee, who shall notify the Secretariat of any comments, additions or amendments within two weeks of receipt. The Secretariat shall take into account such comments, additions or amendments and prepare a final version of the minutes, which shall be reviewed and signed by the Chair on behalf of the Committee.

G.42 The final, approved minutes of each Committee meeting, including all recommendations adopted at the meeting, shall be sent to the Secretariat of the SHI/GOC, highlighting the decisions taken and advice provided. This summary shall be sent as soon as is practicable and normally within one month of the Committee meeting date.

PART H: APPEALS AND GENERAL PROVISIONS

APPEALS

H.1 A Medical Review Committee has been established at HQ to receive and examine any complaints from a paying member that a claim has not been settled in accordance with these Rules insofar as its medical aspects are concerned. Such complaints must first have been examined by the SHI Officer in HQ, and the SHI/GSC must have taken a decision on the interpretation of these Rules. The Medical Review Committee shall report to the Director-General who shall make the final determination. However, a staff member, former staff member or surviving spouse or dependant, may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

H.2 The Medical Review Committee is composed of one member and one alternate designated by the Director-General, one member and one alternate named by the Staff Committee at HQ, and a Chair and an alternate Chair designated by the Director-General on the recommendation of the other members of the Committee. All members must be medical officers and the member and alternate member designated by the Director-General must have served in regional or field assignments. The term of office of each member is two years. The Director-General designates an SHI officer to serve as secretary.

H.3 The Medical Review Committee establishes its own procedures and may seek whatever advice it may need from any source. The expenses arising from consultations initiated by the Committee are borne by the SHI.

H.4 Complaints to the Medical Review Committee should be made in writing and addressed to the Chair, Medical Review Committee, care of SHI Officer, HQ, Geneva, in an envelope marked "Confidential". They must be made within three months of the date of the notification of the decision of the SHI/GSC to which the claimant has taken exception and be supported by any relevant evidence. The claimant also notifies the SHI Officer that they have made such a complaint.

H.5 Complaints relating to decisions of the SHI/GSC of an administrative nature on the settlement of any claim, may be referred to the Director-General within 60 days of the date of their notification. For such complaints, the SHI/GSC must have given its opinion on the interpretation of these Rules. The Director-General's decision shall be final. However, a staff member, former staff member or surviving spouse or dependant may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

FRAUD, INFRINGEMENT OF SHI RULES

H.6 All cases of fraud, confirmed, attempted or suspected, against the funds of the SHI shall be dealt with in accordance with the procedure for reporting and follow-up of cases of fraud and losses of cash or property laid down in the relevant provision of the e-Manual and may result in disciplinary measures and recoveries of any indebtedness to the SHI and any other action under WHO's Staff Rules and policies and these Rules.

H.7 If it is established that fraud has been committed or attempted, the paying member concerned shall be automatically excluded from participation in the SHI. Their insured family members shall also be automatically excluded. The exclusion shall be effective from the date of notification thereof to the paying member concerned or, in case of serving staff members who are dismissed or summarily dismissed for misconduct, from the effective date of the dismissal or summary dismissal of the staff member concerned.

H.7.1 In the exceptional case where it is established that fraud has been committed or attempted, but the serving staff member is not dismissed or summarily dismissed for misconduct, the automatic exclusion from participation in the SHI will not apply.

H.7.2 If it is established that fraud has been committed or attempted by a participating family member, they shall be excluded from participation in the SHI, regardless whether the paying staff member is excluded or not. The exclusion shall be effective from the date of notification thereof to the paying member.

H.8 Any appeal of a decision referred to in paragraphs H.7 to H.7.2 must be made in writing by the paying member to the SHI/GSC within two months of the date of notification thereof. The SHI/GSC shall report to the Director-General who shall make the final decision. The paying member concerned may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

DISTRAINT AGAINST CLAIMS

H.9 Benefits payable to participants, or their dependants, in respect of claims against the SHI, may not be withheld in settlement, wholly or in part, of debts due to the Organization.

DISSOLUTION

H.11 Proposals to dissolve the SHI must first be endorsed by the SHI/GOC after consultation with the SHI/GSC and sent to the Director-General for their concurrence, and then submitted to a referendum of the whole staff of the Organization.

H.12 If it is decided to dissolve the SHI, the SHI/GOC must in the first place make arrangements to safeguard the rights of former staff members for continued coverage, including the transfer of the reserve fund set aside for this purpose. It will then make proposals to the Director-General and the staff for the liquidation of the remaining assets, special consideration being given to the rights of staff members with the longest periods of participation.

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ANNEX 1: RESPONSIBILITIES

1. It is the responsibility of paying members to ensure that:

   a) they are familiar with the SHI Rules and related SHI processes;

   b) their family members are enrolled as participants in the SHI when relevant, and their participation is cancelled as soon as no longer relevant or they are no longer eligible;

   c) SHI cards are kept securely and used only by the persons for whom they are issued;

   d) claims for reimbursement are submitted within the 12-month time-limit;

   e) the SHI reimbursement advice form reflects their claims have been processed correctly and the correct reimbursement amount has been received;

   f) their share of medical expenses for an invoice submitted for direct payment is paid promptly;

   g) their contact details and bank account details are up to date in the relevant ERP system for staff members;

   h) any change in family status, contact details or bank account details for former staff members or their surviving family members are communicated promptly to SHI;

   i) former staff members or their surviving family members verify their SHI contributions are deducted regularly from their UNJSPF monthly benefit;

   j) in line with the Rules covering medical treatment in the United States, they choose a health care provider that is 'in-network';

   k) the consequences of fraud are fully understood by themselves and their family members participating in SHI.

   l) they conduct themselves in accordance with the WHO Code of Ethics when dealing with SHI matters.

2. It is the responsibility of the SHI to ensure that:

   a) any changes to the SHI Rules or SHI processes are communicated to paying members;

   b) queries from participants are responded to promptly;

   c) claims for reimbursement and invoices submitted for direct payment are processed and paid with a minimum of delay;

   d) all SHI participants are treated in the same equitable and respectful way.

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