INTERNATIONAL MONETARY FUND
WASHINGTON, D.C. 20431

Facsimile Number
1-202-623-4661

Retiree Application for Reimbursement of National Health Scheme Premiums

(Please return Via Email: mbpqueries@imf.org)
Or mail to HR Dept, Insurance Team

National Health Scheme Information

Nationality of Enrollee & Spouse:	*Enrollee*	*Spouse*
Country of Residence:	*Enrollee*	*Spouse*
Name of National Scheme:	*Enrollee*	*Spouse*
Effective date of coverage in national scheme:	*Enrollee*	*Spouse*

Please check the box corresponding to the level of coverage for your reimbursement request (check only one):

☐ Enrollee only ☐ Spouse only ☐ Enrollee & Spouse

Please attach a copy of your national health ID card and proof of premium payment along with this application.

Notice to the Applicant

Upon approval by the Fund, you will be notified of the monthly premium reimbursement that will be added to your pension and the effective date. The effective date of approved premiums will be no sooner than the month in which you apply.

In applying for and receiving the premium reimbursement, you are agreeing to submit all medical expenses for yourself and/or your spouse in the first instance to the national health insurance plan. Following payment by such national plan, you will submit a medical claim to the Fund's MBP following normal procedures set forth in the MBP's documentation, together with full details of payments made by the national health plan. Failure to make full use of the national health plan will result in a) discontinuance of the premium reimbursement or b) the settlement of your claim under the MBP as if the national health plan had paid its share of the medical expenses incurred. The Fund, at its discretion, will invoke the appropriate action.

Applicant Signature *Date*