Medical Coverage Non-Staff

(MCNS)

1 July 2007

FOOD AND AGRICULTURE ORGANIZATION OF UNITED NATIONS

INSURANCE COVERAGE for SERVICE-INCURRED and NON SERVICE-INCURRED MEDICAL AND ACCIDENT (MCNS Medical Coverage Non-Staff)

Insured persons are covered for **service-incurred** and **non service-incurred** Accidents or Illnesses on a 24-hour basis. Insured persons are covered automatically in the plan from the date remuneration is paid, or from the date travel paid for by the Organization commences, or from the date DSA (Daily Subsistence Allowance) or remuneration is paid. Participation is compulsory.

The covered persons under MCNS Plan are: Chairman FAO Council; Representative of Council Members; Members of Committees; Commissions or similar bodies; FAO (Good Will) Ambassadors and Assistants; Fellowship holders, counterpart personnel on study tours; Participants in training centres, seminars and meetings; and Candidates for employment. There is no coverage for family members.

All insured persons must fill in form ADM 60, Designation of Beneficiary, before commencing any assignment.

I. BENEFITS and EXCLUSIONS

A. Medical Expenses Resulting from Service-Incurred and non Service-Incurred Accidents or Illnesses

Medical, pharmaceutical and hospital expenses that are medically necessary, reasonable and customary, incurred by the insured person as the result of Service Incurred and non Service-Incurred accident or illness are reimbursed up to US$ 50,000 for any one service-incurred and non service-incurred accident or illness. The Organization is self-insured for the first US$ 500 of any one claim, which is charged to the division concerned or project. The hospital expenses at the maximum bed and board rate for a room for two or more patients, include operation fees, cost of surgical appliances but exclude convalescence and optical or dental treatment, unless this treatment is rendered necessary as a result of a **service-incurred** or **non service-incurred** Accident or Illness.

B. Compensation Payable for Service-Incurred and non Service-Incurred Accidents

The Plan compensates for **service-incurred** and **non service-incurred** Accidents including Permanent Partial Disablement, Permanent Total Disablement and Accidental Death. (Compensation for Partial and Permanent Disablement Benefits list, for the applicable compensation percentage rate, attached at bottom of booklet).

(i) **Permanent Partial Disablement** resulting from a service-incurred and non service-incurred Accident. The insured person receives an indemnity not exceeding a maximum benefit of US$50,000

(ii) **Permanent Total Disablement** resulting from a service-incurred and non service-incurred Accident. The insured person receives an indemnity not exceeding a maximum benefit of US$50,000.

(iii) **Accidental Death** resulting from a service-incurred and a non service-incurred accident**.** The insured person's beneficiary receives a lump sum indemnity not exceeding a maximum benefit of US$ 50,000.

Maximum Benefit: The indemnities payable under Illness, Permanent Partial Disablement, Permanent, Total Disablement and Accidental Death above may not jointly exceed - US$50,000, for any one accident or illness and for any one insured person.

C. Exclusions

1. Coverage does not extend to death or disablement for:

(a) consequent on the insured person engaging or taking part in:

(i) naval, military or air force service or operations,
(ii) driving or riding motor cycles or motor scooters over 200 cc;
(iii) hunting or driving in any kind of race;

(b) directly or indirectly consequent on the insured person engaging in air travel except as passenger;

(c) resulting from suicide or attempted suicide or intentional self-injury or venereal disease, or from deliberate exposure to exceptional danger (except in an attempt to save human life), or from the insured person's own criminal act, or sustained while the insured person is in a state of insanity.

2. The coverage does not extend to:

(a) non prescription items, hygienic and cosmetic products, dietary products including artificial milk, syringes, crutches, belts, neck belts, orthopaedic supports, compression stockings, aerosol dispenser, prosthesis, ecc;

(b) routine health examinations;

(c) hearing aids, spectacles and costs of spa cures, nature clinics and health farms;

(d) dental, including prophylaxis) and optical treatment, except when necessary as the result of an accident;

(e) rejuvenation cures and cosmetic treatment. Cosmetic treatment is covered, however, when it is necessary as the result of an accident covered by this plan;

(f) the direct or indirect result of ionising radiations or contaminations by radioactivity;

(g) expenses for or in connection with travel or transportation whether by ambulance or otherwise except for a professional ambulance service used to transport the insured person between the place where they are injured by an accident or stricken by a disease and the hospital where treatment is given.

(h) medical expenses related to normal pregnancy and confinement.

II. SUBMISSION OF CLAIMS

A. General

1. Time limits. Claims should be submitted with the least possible delay, but not until receipts amount to US $10 or more. Claims for medical expenses arising from illness or accident occurring during the period of coverage must be submitted to the insurers within two years from the date on which the treatment was given. Any medical treatment and/or surgery expenses, incurred after the period of coverage has ended, will not be reimbursed.

2. Claims for death and permanent total or partial disablement resulting from an accident occurring during the period of coverage must be submitted to the insurers within two years from the date on which the illness declared itself or the accident took place. Immediate notice of an accident or illness which causes or may cause death or disablement of an insured person must be given to the Claims Processor through the Organization. Any payment slips showing reimbursement by other medical plans must be attached to the claim.

B. Medical Expenses and Compensation Payments for Permanent Total or Partial Disablement

1. Claims for reimbursement of medical expenses and for compensation for permanent total or partial disablement are submitted by the insured person with a claim form or in a letter or memorandum, together with supporting documentary evidence to the responsible personnel officer, which, after certification that the claimant was covered by MCNS at the time the accident or illness occurred or the medical expenses were incurred, forwards the claim to the claim processor.

2. ***Compensation for Death***. Claims for compensation for death are submitted by the designated beneficiary in a letter or memorandum, together with supporting documentary evidence, to the division concerned, which, after certification that the claimant was covered by MCNS, forwards the claim to Social Security, AFHS, together with the deceased's Designation of Beneficiary form. Social Security will review and forward to the Claims Processor.

C. Documents Required for Claims. The following documents must be attached to the claim:

***1. For medical expenses*:**

(a) medical certificate on the physician's own stationery showing diagnosis, treatment prescribed and dates of visits;

(b) itemized original receipted bill for all expenses incurred; such bills and all prescriptions must be on the physician's stationery and show the name of the patient; prescriptions must bear the cancellation or date-stamp of the pharmacy providing the medicines;

(c) summary translation in one of the following languages: English, French, Spanish, Italian, if not already written in one of these languages.

2. For permanent total or partial disablement: A detailed report issued by the insured person's attending physician, together with a completed form Adm. 62, Report of Accident, Illness or Death.

***3. For death*:**

(a) birth certificate of the insured person;

(b) death certificate; medical certificate stating the cause of death, if this is not indicated in the death certificate. The death or medical certificate must state in an unequivocal manner the relationship between the accident and the death;

(c) completed form Adm. 62.

The Claims Processor may verify medical certificates by arranging at its own expense for a physician to examine the sick or disabled insured person. Such insured person is required to undergo this examination but may insist on the presence of their own doctor. Refusal of the insured person to permit such examination will result in the withholding of reimbursement by the Claims Processor.

In all cases the Claims Processor has the right to request the insured person to provide if necessary through the Organization information regarding the injury or illness and treatment given. Confidential information may be sent under seal to the medical advisers of the Claims Processor.
Claims submitted with incomplete documentation are returned to the insured person for completion.

III. SETTLEMENT OF CLAIMS

A. The responsible Personnel Officer in receipt of a claim, duly certifies the duration of the contract and coverage and forwards it to the Claims Processor.

B. The conversion of expenses sustained by the insured person in currencies other than US Dollars is made on the basis of the UN operational rate of exchange prevailing on the date of provision of the claimed medical services.

C. Payments, settled by the Claims Processor, are in US dollar cheque in the insured person's name.

D. Reimbursement is made as follows:

1. For medical expenses and permanent total or partial disablement, the insured person is paid directly by the Insurers, normally within two weeks following receipt by the Insurers of the claim and supporting documentary evidence;

2. Claims for death are paid by the Claims Processor to the Organization, normally within two weeks following receipt by the Claims Processor of the supporting documentary evidence. Where no beneficiary has been designated, the benefit is retained by the Claims Processor until a competent court or authority has designated the persons to whom the payment should be made or has ordered the consignment of the benefit. No interest is due by the Claims Processor on the retained or consigned benefit. The Claims Processor shall be entitled to use any means deemed fit to check the veracity of the facts given and also to ask for an autopsy; if the beneficiaries were to refuse they shall not be entitled to payment of the benefit.

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SCHEDULE OF COMPENSATION FOR PERMANENT PARTIAL DISABLEMENT

Applicable compensation percentage rates for:

			Percentage of Capital Sum Insured 1/
(1)	Accidental Death		100%
(2)	(a) Total loss of sight of both eyes		100%
	(b)	Total loss of both arms	100%
	(c)	Total loss of both hands	100%
	(d)	Total loss of both legs	100%
	(e)	Total loss of both feet	100%
	(f)	Total loss of one arm and one leg	100%
	(g)	Total loss of one hand and one foot	100%
	(h)	Total paralysis	100%
	(i)	Mental deficiency in consequence of accident preventing the insured person from following any occupation	100%
(3)	(a)	Total loss of one arm or one hand	60%
	(b)	Total loss of movement of one shoulder	25%
	(c)	Total loss of movement of one elbow	20%
	(d)	Total loss of movement of wrist	20%
	(e)	Total loss of one thumb and index finger	30%
	(f)	Total loss of three fingers (thumb and index included)	30%
	(g)	Total loss of three fingers (other than thumb and index)	25%
	(h)	Total loss of thumb and one finger (other than index)	20%
	(i)	Total loss of thumb only	20%
	(j)	Total loss of index finger	15%
	(k)	Total loss of 2nd, 3rd or little finger	10%

			Percentage of Capital Sum Insured 1/
	(l)	Total loss of the two last fingers	15%
(4)	(a)	Total loss of one leg or one foot	50%
	(b)	Partial amputation of foot, including toes	30%
	(c)	Total loss of sight of one eye or weakening of sight (Function reduced by half)	50%
	(d)	Total deafness	40%
	(e)	Total deafness in one ear	10%
	(f)	Unconsolidated fracture of leg or foot	35%
	(g)	Unconsolidated fracture of knee-cap	30%
	(h)	Total loss of movement of hip or knee20%	
	(i)	Shortening by at least 5 cm. of one of the lower members of the body	15%
	(j)	Total loss of big toe	10%
	(k)	Total loss of a toe (other than big toe)	2%

Infirmities of less importance which do not appear in the above list will be compensated according to their gravity in comparison with the infirmities enumerated without taking into account the profession of the insured person. Loss of use of a limb shall be deemed to be loss of a limb.

1/ Maximum Benefit of US$50,000.

ADM 153/c 01/2008

CLAIM FOR MEDICAL EXPENSES FOR Non-Staff Covered under MCNS Plan

CLAIMANT TO COMPLETE (*typewritten or in block letters*)

Claimant's Surname, First Name	Index No.	Age	Division	Duty Station

Type of Appointment

☐ Casual labour in the field
☐ Fellowship holder (certified by FAO office which awarded fellowship)
☐ Participants in training centres, seminars and meetings (certified by Budget Holder)
☐ Candidates for employment
☐ FAO Chair of Council; representatives of members of the Council; members of committees, commissions or similar bodies who receive from FAO either travel costs, or daily subsistence (DSA), or both.

Email:
@
Address:

Phone:

CLAIM FOR MEDICAL EXPENSES

Date of illness or treatment from: _____ to: _____
Is the claimant covered by other insurance? ☐ Yes ☐ No
If "Yes" state amount reimbursed $

	TYPE OF SERVICES RENDERED Attach diagnosis and original receipted bills	**AMOUNT** Indicate Currency
1	Total medical expenses incurred	
2	Fewer amounts to be reimbursed by FAO employing department (max. US$500)	
3	Net amount to be paid by insurer	

If the claimant paid the bills, address where cheque to be mailed:

_____

NOTE: I understand that submission of a false or fraudulent claim is grounds for disciplinary action and voiding of the claim.

Date: _____ Claimant's Signature: _____

FOR COMPLETION AND CERTIFICATION BY THE RESPONSIBLE OFFICER

☐ Claimant was under assignment when claim arose and was covered by MCNS
☐ Dates of assignment are from:_____ to:_____
☐ Expenses paid by Division or Project
☐ Expenses paid by claimant
☐ FAO Oracle Code (Fund) _ _ (Org) _ _ _ _ _ (Activity) _ _ _ _ _ _ _ _ _ _ _ _ _ (Account) _ _ _ _

Name of ☐ Personnel Officer_____
☐ Budget Holder_____
☐ FAO office_____

Date:_____ Signature:_____ Email_____@_____

IMPORTANT: THIS FORM IS TO BE USED FOR EXPENSES RELATED TO SERVICE-INCURRED AND NON SERVICE-INCURRED ACCIDENT OR ILLNESS WHICH ARE REIMBURSABLE UNDER MANUAL SECTION 343.7 AND SHOULD BE SUBMITTED TO THE OFFICE OF SOCIAL SECURITY, AFHS, TOGETHER WITH COMPLETED FORM "ADM 62" – REPORT OF ACCIDENT, ILLNESS OR DEATH.

INSTRUCTIONS FOR COMPLETION OF FORM

1. **When the claim is for reimbursement of medical expenses** the following documents must be attached:
   a) Medical certificate on doctor's own stationery showing diagnosis, treatment prescribed and dates of visits.
   b) itemized original receipted bills for all expenses incurred;
   c) summary translation in one of the Organization's working languages of certificates, bills and prescriptions if written in a language other than English, French, Spanish or Italian.

2. The claimant's attention is drawn to the exclusions listed in Manual Section 343, Part. VI, and in particular to the following exclusions: (i) expenses for dental and optical treatment unless such treatment is rendered necessary as a result of an accident and; (ii) expenses relating to pregnancy and complications arising there from.
3. The full postal address to which the broker should send the cheque should be indicated. The Broker will return copy of the claim to the claimant indicating the amount reimbursed. The conversion of medical expenses sustained by the claimant in currencies other than US dollars will be made at the United Nations operational rate of exchange in force on the date of the signature of the claim by the claimant. Any question regarding the settlement of claims should be addressed to DeBesi-DiGiacomo SpA, Room D-006, c/o FAO, Viale delle Terme di Caracalla, 00100 Rome, Italy or e-mail address mcs-mcns@debesidigiacomo.it or Medical-Insurance@fao.org. . In case of dispute on medical questions copies of the correspondence should be sent to Social Security Branch, AFHS, FAO Headquarters.
4. Claims for medical expenses up to the first US$500.00 will be settled by the Department to which the Non-staff member reports. Do not report such claims to DeBesi-DiGiacomo. Claims with amounts less than US$10.00 are not eligible for reimbursement.
5. If the full amount of the claim exceeds US$500.00, the Department settles the first US$500.00 and submits the documentation for settlement of the remaining amounts. DeBesi-DiGiacomo will remit their payment to the participant if the participant has paid the bills. If not, DeBesi-DiGiacomo will remit their payment to the FAO-UN. If the person has two or more claims which in aggregate exceed US$500.00, the Department settles the total amount up to US$ 500.00. The documentation of all bills is submitted to DeBesi-DiGiacomo for settlement of the amount exceeding US$500.00.
6. Only in case of partial or total disablement and death resulting from a service incurred accident that the claim and all requested documentation must be routed through Social Security, AFHS.

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

DESIGNATION OF BENEFICIARY (Monies from FAO)

INSTRUCTIONS

Type or print. Forward two copies to Divisional Personnel Officer.

One copy will be returned to you as confirmation.

Name of Staff Member	Index	Division	Room No. (HQ)	Duty Station/Country (Field)	Grade

DECLARATION

I hereby request the Food and Agriculture Organization of the United Nations (FAO) to pay any monies due to me from FAO in case of my death to the person(s) indicated below. If applicable, I specifically reserve the right to remove or change any or all beneficiaries at any time and without the knowledge or consent of those beneficiaries.

NOTE TO STAFF MEMBERS

1. If any of the beneficiaries should predecease you, a new designation should be submitted. If no new designation is submitted, the share of the deceased beneficiary will be divided among the surviving beneficiaries in the ratio of their own shares.
2. Unless otherwise stated below, you agree that:
   - if more than one beneficiary is named, the beneficiaries shall receive equal shares;
   - if no beneficiary survives you, the proceeds shall be transferred to your estate.
3. If any person named below is a minor, a guardian (legal representative) must be designated and the name and address provided. A new designation should be submitted when the minor beneficiary becomes of age or change occurs in respect of his/her guardian (legal representative).
4. Where a beneficiary cannot be located by repeated registered mail within one year from the date of death of the staff member, his/her share shall be treated as if the beneficiary had predeceased the staff member.
5. National laws may impose conditions on the division of estates or nomination of guardians/legal representatives. Your attention is drawn to the need that any designation is in line with applicable national laws in order to avoid that the person(s) designated by you in this form be called in national courts to defend his/her/their position. In this context, your attention is also drawn to the need for you to change/update this "Designation of Beneficiary", should the circumstances so warrant.

	Name of beneficiary	Full postal address	Relationship	Date of birth	Percentage share
1					
2					
3					
4					

Remarks or Special Instructions (Please refer to Staff Rules 302.90629 and 302.9121 for payment of Repatriation and Death Grants)

We, the undersigned, having no interest in this subject matter, directly or indirectly, hereby certify that we are personally acquainted with the person subscribing thereto and that this instrument was subscribed in our presence and in the presence of each other

on:

	Name of witness (printed)	Full postal address	Index	Signature
1				
2				

☐ **1. AFHS** ☐ **2. DECLARING PARTY**

January 2007