Kindly fill the below form, and submit to your HR Focal Point.
Your HR Focal Point will communicate further to you, should any clarification or additional documentation be needed.

# Staff information

|  |  |
| --- | --- |
| Reporting Year | Enter text. |
| Employee ID: | Enter text. |
| Name: | Enter text. |
| Level/Step: | Enter text. |
| Marital Status: | Please select |
| Marital Status Date: | Enter text. |
| Duty Station: | Enter text. |
| Department: | Enter text. |
| Agency: | Enter text. |

If changes in marital status, please submit applicable supporting documents.

# Spouse information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Birthday | Are you claiming spouse allowance? | If you are claiming spouse allowance; does your spouse have an income | If your spouse has an income, how much does she/he earn? (Annual gross in USD) | Is he/she employed in the UN | If yes, Agency? |
| Enter text. | Enter date | [ ] Yes[ ] No | [ ]  Yes[ ]  No |  Enter amount USD | [ ] Yes[ ] No | Enter text. |

\*Spouse gross occupational earning in USD - Includes income from pension such as retirement and disability benefits and unemployment benefits.

## Documentation to be submitted as applicable

* Copy of change in marital status. i.e. Marriage certificate/Divorce decree/death certificate
* Proof of annual earnings in respect of spouse (e.g. W2 form/tax return/certification of earnings from employer)
* Annual statement of pension income, disability or unemployment benefit in respect of spouse
* Copy of spouse PA with other UN Agency

# Children information

If your child is in receipt of *Special Dependency Allowance*, please ensure that the review by UN Medical Services remains valid, or prepare for a resubmission and review of your case as applicable. Consult your HR Associate if in doubt.

Note - Government Grant includes amount received on account of the child by either parent, even if not living together.

|  |  |
| --- | --- |
| Name – Child 1: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |
| Name – Child 2: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |
| Name – Child 3: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |

### Documentation to be submitted as applicable

* Birth certificate of child/ren as applicable
* Marriage certificate of child/ren as applicable
* Adoption certificate of child/ren as applicable
* Child support provided by government
* Proof of full time school time attendance for children aged 18-21 ([Link to form](http://sas.undp.org/Documents/P41b.doc))

# Children information – Section 2

If your child is in receipt of *Special Dependency Allowance*, please ensure that the review by UN Medical Services remains valid, or prepare for a resubmission and review of your case as applicable. Consult your HR Associate if in doubt.

Note - Government Grant includes amount received on account of the child by either parent, even if not living together.

|  |  |
| --- | --- |
| Name – Child 4: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |
| Name – Child 5: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |
| Name – Child 6: Enter text.Birthday:Enter date[ ]  Married?Other information: [ ]  Child is adopted[ ]  Child is stepchild[ ]  Child is disabled | [ ]  Special Dep. Allowance?[ ]  Does the child reside with you?[ ]  Do you provide main support?Full time school attendance?[ ]  Yes[ ]  No – Only part of the school year[ ]  NoGovernment Grant Amount: Enter annual amount and currency |

### Documentation to be submitted as applicable

* Birth certificate of child/ren as applicable
* Marriage certificate of child/ren as applicable
* Adoption certificate of child/ren as applicable
* Child support provided by government
* Proof of full time school time attendance for children aged 18-21 ([Link to form](http://sas.undp.org/Documents/P41b.doc))

# Single Parent (International Staff only)

This is only applicable if your marital status is single, divorced or widowed.

Note: ***Financial support*** is defined as regular payments for child support, money transfers for payments for school and living costs for child

|  |  |
| --- | --- |
| Did the other parent of your child/ren reside with you for the duration of the year you are reporting?  | Choose an item. |
| Did you receive any financial support from the other parent towards child/ren for the year you are reporting? | Choose an item. |
| Name of child for which you are applying single parent allowance (child should also be listed as a dependent child above) | Enter text. |
| Financial Support received from other parent for the child for which you are applying for the single parent allowance | Enter annual amount and currency |

### Documentation to be submitted as applicable

* Copy of divorce decree indicating agreed alimony, custody papers etc.
* Copy of regular bank transfers from other parent if applicable

# Secondary Dependent

A secondary dependent is a father, mother, brother, or sister for whom the staff member provides at least one half or more of the total financial support and, in any case, at least twice the amount of the secondary dependent's allowance.

Please note that a secondary dependent can only be claimed where you are not in receipt of any dependency allowance in respect of your spouse.

|  |  |
| --- | --- |
| Name | Enter text. |
| Birthday | Enter text. |
| Relationship | Enter text. |
| [ ]  The secondary dependent resided with me |
| [ ]  I provided at least one half of more of this dependents financial support |
| [ ]  I provided at least twice the amount of the secondary dependency allowance (USD 1,025 per annum) |

### Documentation to be submitted as applicable

* Birth certificate/copy of passport of secondary dependant
* Notarized statement, and if dependent is not residing with you, proof of financial support (bank statements etc.)
* For siblings aged 18-21, proof of full time school attendance

# Signature

If the form is submitted by email, this constitutes a signature, therefore there is no need to sign this form. If the form is submitted as a paper form, please sign below.

Date: Signature: