

## Thinking about a proxy ?

Chances are you are wondering how you would be able to access your SHIF benefits if, because of illness, injury or the effects of aging, you were unable to lodge a claim.

You may wish to empower a family member or a close friend to act by proxy on your behalf, should your state of health prevent you from doing so yourself. If you are retired or approaching retirement, consider appointing a person younger than yourself to represent you.

Below, we suggest a proxy wording.

*I, the undersigned, Mr./Ms. (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address), insured person of the ILO Staff Health Insurance Fund (SHIF) hereby authorize Mr./Mrs. (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address), to act by proxy on my behalf with the SHIF regarding all matters associated with my health insurance, including (but not limited to) the lodging of claims and the sharing of medical information.*

*It is, however, understood that this proxy does not extend to the modification of my beneficiary bank account details, nor to changes to my status as a SHIF insured person or to the status of my insured dependants, which must be ordered by me.*

Signed at (enter place of signature) on (enter date of signature)

(signature)

(signature)

Insured person

Person authorized  
to act by proxy

Proxy witnessed by (enter first name, last name), born (enter date of birth) at (enter city of birth, country of birth), residing at (enter full address)

(signature)

Witness