



PURPOSE

This procedure is used by the **Staff Member** to review their annual dependency benefits entitlements. The supporting documentation you provide when completing this declaration will be reviewed by the HR Partner to determine if your dependent(s) retain financial dependency.

REFERENCE

Information sheets contain additional information on the different eligibility and documentation requirements for this subject.

This quick reference and the HR Infosheets are provided for information and navigational purposes only. The United Nations Staff Rules and Regulations, and Administrative Instructions are the authoritative documents on this subject and staff member should refer to those documents for the complete eligibility and documentation requirements as it pertains to their situation.

INTENDED AUDIENCE

- **Staff Member**

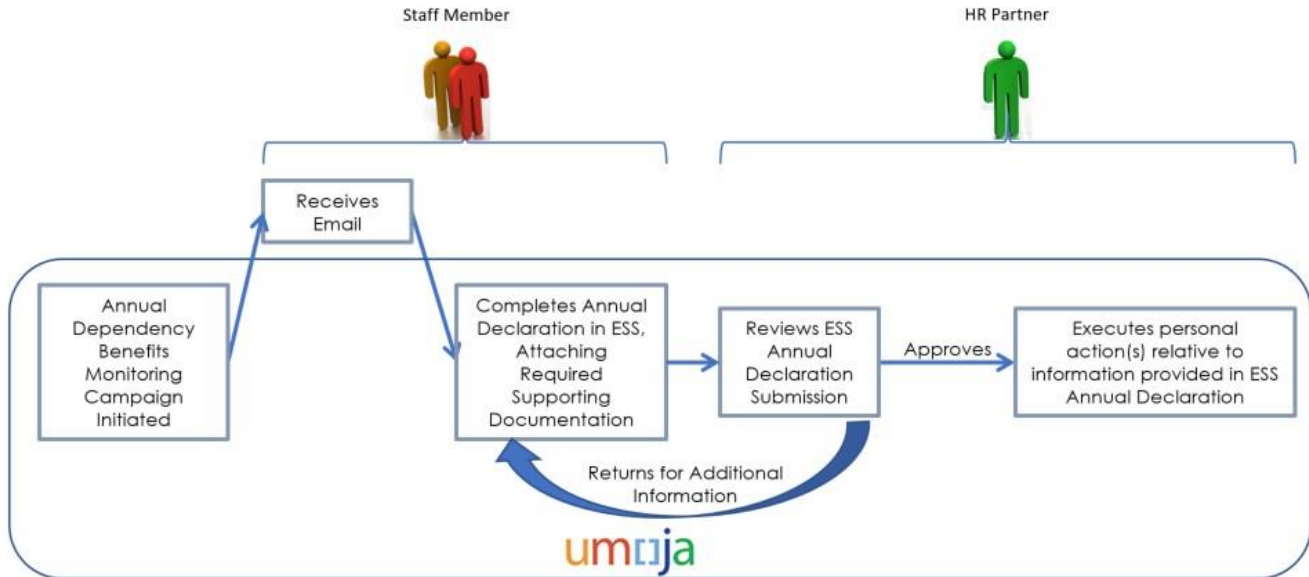
DOCUMENT HISTORY

Revision Date	History of Changes
29.04.2020	Updates based on policy guidelines affecting 2018 and 2019 annual reviews



GLOBAL PROCESS

This process begins with the initiation of the Dependency Benefits Monitoring Campaign, and when the **Staff Member** receives an email notification to complete the Annual Declaration.



1. DOS initiates the Annual dependency benefits monitoring campaign by triggering an automated email notification.
2. **Staff Members** in receipt of dependency benefits in the year under review will receive an email notification with instructions on how to access the annual Declaration form.
3. The **Staff Member** reviews information presented on the form and either acknowledges the information is correct as presented or provides a change by indicating new values against the information presented on the form.
4. The **Staff Member** attaches required supporting documentation, and submits the form.
5. The **HR Partner** reviews and approves or may return the form to the **Staff member** for additional information.
 - a. **if approved**, the **HR Partner** executes the necessary personnel actions to adjust, discontinue, or start dependency benefits. The **Staff Member** will be notified when the review and subsequent personnel actions are successfully completed.
 - b. **If returned for additional information**, The **Staff Member** receives an email notification with instructions on additional actions or supporting documentation required to complete the review



PRE-REQUISITES

For each type of information updated in the Annual Declaration form, specific supporting documentation is required. Below is a list of supporting documentation required for each type of requested information update.

The supporting documentation should be scanned and attached in PDF format.

Information Updated during this Annual Declaration	Supporting Documentation Required	Comments
Marital Status	Divorce Decree/ Court Order	If the Staff Member updates their Marital Status and selects "Divorced/Separated" on the annual declaration review form.
Marital Status	Marriage Certificate	If the Staff Member updates their Marital Status to Married & Related, or changes the Marital status date on the annual declaration review form.
Spouse	Proof of gross occupational earnings	If the Staff Member indicates that spouse is working and is financially dependent on the annual declaration review form
Dependent Child(ren)	Certificate of School Attendance	If the Staff Member indicates a dependent child is in Full Time Education Attendance on the annual declaration review form
Dependent Child(ren)	Certificate of Disability	If for a dependent child, the Staff Member indicates "YES" on the field "Disabled" or updates "Certificate of Disability Review Date" on the annual declaration review form.
Dependent Child(ren)	Proof of Support if Non-Custodial Parent	If for a dependent child, the Staff Member indicates "NO" on the field "Living with staff member" on the annual declaration review form.
Dependent Child(ren)	Amount of Government Assistance	If for a dependent child, the Staff Member indicates "YES" on the field "In receipt of government assistance" on the annual declaration review form.
Secondary Dependent	Proof of financial Support	If for a secondary dependent, the Staff Member indicates "NO" on "Living with staff member" and indicates "YES" on the field "Do you provide half or more financial support" on the annual declaration review form
Secondary Dependent	Certificate of School Attendance	If for a secondary dependent, the Staff Member indicates "Yes" on "Financially dependent" and indicates "YES" on the field "Full time attendance" on the annual declaration review form.



OBJECTIVES

As part of the demonstration, we will show you:

- How to complete the Annual Declaration form as a Staff member
- How to attach supporting documentations
- How to submit a completed annual declaration form
- How to retrieve an annual declaration form returned by a HR Partner for additional information

SCENARIO

A **Staff member** had changes during the year under review, with respect to a financially dependent spouse and one of two children. In this case, the **Staff member** must;

- update the annual earnings and financial dependency status of spouse,
- confirm the settings for child 1, and
- update the new disability certificate expiry date and attach a copy of the new disability certificate for child 2 as the previous certificate has expired.

MENU PATH

- Employee Self-Service > Life & Work Events > Annual Declaration

PROCEDURES

Use the following procedures to:

- Change of Financial Dependency for Spouse and Disabled Child, page 5
- Government Assistance, page 21
- Save and Retrieve a Draft of Annual Declaration, page 23
- Complete the Annual Declaration for More than 9 Dependant Children, page 27
- Check Status of Annual Declaration/View Past Submissions, page 30

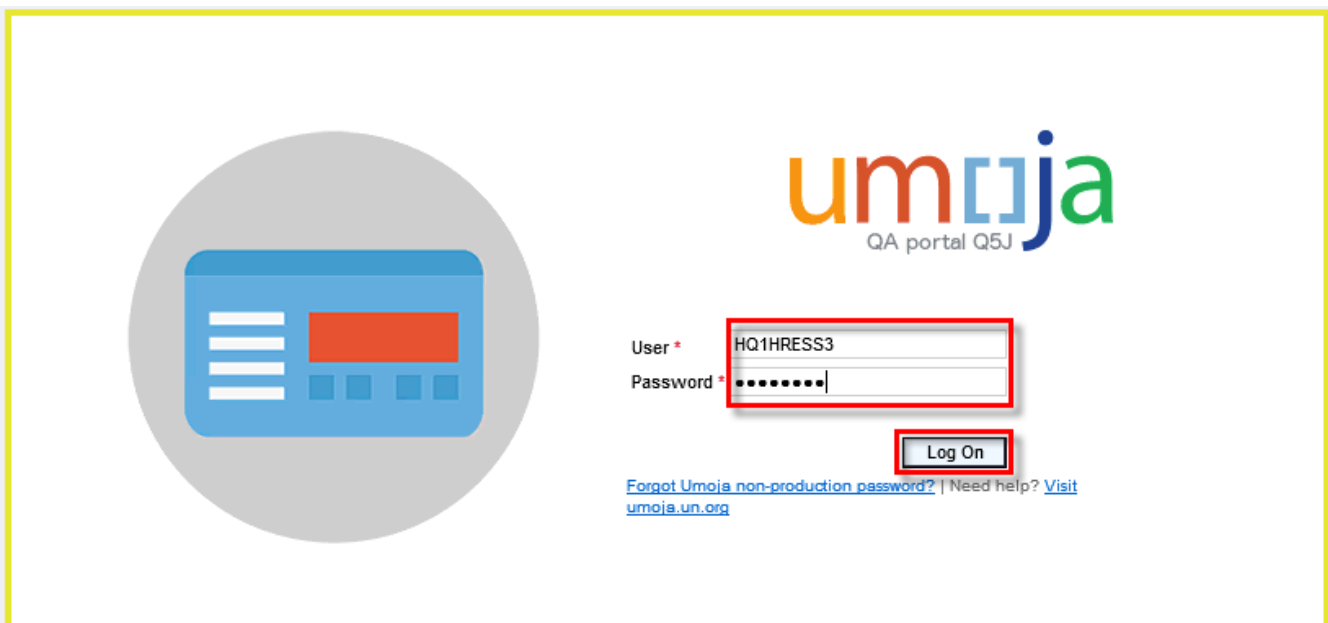


CHANGE OF FINANCIAL DEPENDENCY FOR SPOUSE AND DISABLED CHILD

PROCEDURE

1. Log on to ESS.

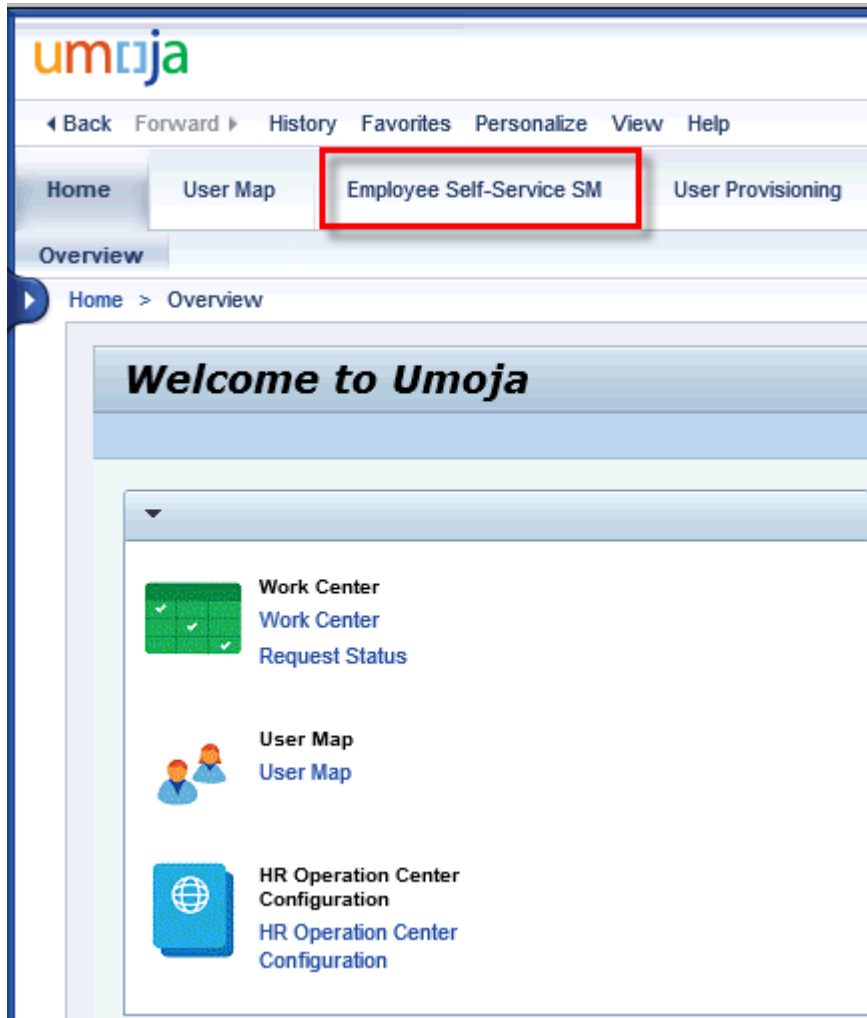
UMOJA PORTAL



1. Enter you User ID and Password, then click Log On button.



OVERVIEW - UMOJA PORTAL



2. Click Employee Self -Service tab.



EMPLOYEE SERVICES

Employee Services

Map | Directory | Index

Status Overview
You can display an overview of the status of your open processes here.

Entitlements
In this area, you can access to your entitlements

Life and Work Events
Guides you through a number of Life and Work Events from birth of a child to beginning work at a new duty station.

4. Click Life and Work Events.




LIFE AND WORK EVENTS


Life and Work Events

Back

▼ Service Map

 **Work Events**

- [Personnel Actions](#)
You can view list of Personnel Actions
- [Employee Salary Verification Form without HR Signature](#)
You can view Employment and Salary Verification Form without HR Signature.
- [Annual Declaration Form](#)**
Annual Declaration Form
- [Attestation of Compliance with SEA Rules](#)
Attestation of Compliance with SEA Rules

 **Life Events**

- [Add/Modify a Dependant](#)
Add a family member (spouse, child or parent) as a dependant, eligibility must first be established
- [Dependent/Household Member Documents](#)
Dependent/Household Member Documents

5. Click Annual Declaration



FILL OUT FORM ANNUAL DECLARATION

umojja Search: [] Umoja portal - Q5J Log off

Back Forward History Favorites Personalize View Help Welcome:

Home User Map Employee Self-Service SM User Provisioning

Overview Employee Self-Service SM > Overview Full Screen Options

Fill Out Form Annual Declaration

1 2 3
Fill Out Form Review and Send Confirmation

Previous Next Save Draft

Attachments

Personal Information Data as on 31st December of Review Year

Review Year:	2018
First & Last Name:	Annual Dec DOE
Personnel Number:	
Date of Birth:	12.05.1960
Department/Office:	
Duty Station:	Geneva
Non Family Duty Station (F/N):	F
Appointment Type:	Continuing
Appointment Expiration:	31.12.2045
Gender:	Male

6. Make a note of a year you are submitting an Annual Declaration



FILL OUT FORM ANNUAL DECLARATION

Personal Information Data as on 31st December of Review Year

Review Year: 2018
 First & Last Name: Annual Dec DOE
 Personnel Number:
 Date of Birth: 12.05.1960
 Department/Office:
 Duty Station: Geneva
 Non Family Duty Station (F/N): F
 Appointment Type: Continuing
 Appointment Expiration: 31.12.2045
 Gender: Male

		DATA IS CORRECT	CHANGE REQUIRED	NEW VALUE
Marital Status:	Married & Related	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Marital Status Effective Date:	12.01.2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Single Parent:	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

7. Click the checkbox in the DATA IS CORRECT column to confirm the data is correct for

- Marital Status
- Marital Status Effective Date, and
- Single Parent

Then scroll down to the next section of the form.



FILL OUT FORM ANNUAL DECLARATION

Recognized Spouse/ Partner Data as on 31st December of Review Year				
First & Last Name:	Scott DOE			
Date of Birth:	02.09.1968			
Ref. Personnel Number:				
Nationality:	of the United States of America			
Gender:	Male			
		DATA IS CORRECT	DATA CHANGE SUBMITTED	NEW VALUE
Living with Staff Member:	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Financially Dependent:	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="No"/>
Employer Type:	Other Employer (outside UN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UN Organization:	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Employer Name:	Smith & Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Location of Spouse Duty Station:	New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spouse Annual Earnings:	30000.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Currency:	USD			

- Click the checkbox in the DATA IS CORRECT column to confirm the data is correct for Living with Staff Member.
- Click the checkbox in the DATA CHANGE SUBMITTED column to indicate changes needed for Financially Dependant. Then select No for the NEW VALUE.



FILL OUT FORM ANNUAL DECLARATION

Recognized Spouse/ Partner Data as on 31st December of Review Year

First & Last Name:	Scott DOE
Date of Birth:	02.09.1986
Ref. Personnel Number:	
Nationality:	of the United States of America
Gender:	Male

		DATA IS CORRECT	DATA CHANGE SUBMITTED	NEW VALUE
Living with Staff Member:	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Financially Dependent:	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
Employer Type:	Other Employer (outside UN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UN Organization:	None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Employer Name:	Smith & Co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Location of Spouse Duty Station:	New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Spouse Annual Earnings:	30000.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65000.00
Currency:	USD			USD - United States

9. Click the checkbox in the DATA IS CORRECT column to confirm the data is correct for:

- Employer Type
- UN Organization
- Employer Name
- Location of Spouse Duty Station

Click the checkbox in the DATA CHANGE SUBMITTED column to indicate changes needed for Spouse Annual Earnings. Enter the new annual earnings in the NEW VALUE column and select the currency.



FILL OUT FORM ANNUAL DECLARATION

Child Information: 1		
First & Last Name:	Everett DOE	
Date of Birth:	29.01.2016	
Nationality:	Chinese	
Gender:	Male	
DATA IS CORRECT		
Marital Status:	Single	<input checked="" type="checkbox"/>
Living With Staff Member:	Yes	<input checked="" type="checkbox"/>
Financially Dependent:	Yes	<input checked="" type="checkbox"/>
Full Time Education Attendance (Only applicable to child 18-21 yrs):	No	<input checked="" type="checkbox"/>
In Receipt of Education Grant:	No	<input checked="" type="checkbox"/>
Disabled:	No	<input checked="" type="checkbox"/>
Disability Review Validity Date:	None	<input checked="" type="checkbox"/>
In Receipt of Government Assistance:	No	<input checked="" type="checkbox"/>
Type of Assistance:	<input type="text"/>	<input checked="" type="checkbox"/>
Annual Allowance Amount:	0.00	<input checked="" type="checkbox"/>
Currency:	USD	<input checked="" type="checkbox"/>

10. Review the information for child 1. All the information is correct so click the checkboxes in the DATA IS CORRECT column.



FILL OUT FORM ANNUAL DECLARATION

Child Information 2		DATA IS CORRECT	DATA CHANGE SUBMITTED	NEW VALUE
First & Last Name:	Petra DOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Date of Birth:	01.03.2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Nationality:	French	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender:	Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marital Status:	Single	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Living With Staff Member:	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Financially Dependent:	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Full Time Education Attendance (Only applicable to child 18-21 yrs):	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
In Receipt of Education Grant:	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disabled:	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability Review Validity Date:	None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	01.12.2025
In Receipt of Government Assistance:	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Type of Assistance:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Annual Allowance Amount:	0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.00
Currency:	USD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

11. The disability certificate for child 2 has expired so the new expiry date must be provided.

Click the checkbox in the DATA IS CORRECT column to confirm the data is correct for:

- Marital Status
- Living With Staff Member
- Financially Dependent
- Full Time Education Attendance
- In Receipt of Education Grant
- Disabled

Click the checkbox in the DATA CHANGE SUBMITTED column to indicate that a change needed for Disability Review Validity Date.

Select the new expiry date in the NEW VALUE column using the calendar.



FILL OUT FORM ANNUAL DECLARATION

By clicking on this box, I certify that I am aware of expected supporting documentation requirements specified in the link/list above for changes submitted and have attached where necessary.

By checking this box, I certify that the statements made by me in response to the above questions are true, complete and correct to the best of my knowledge and belief. I also acknowledge that submission of forged documents, false certification of information contained in the Annual Declaration Form or misrepresentation of facts related to claim for dependency benefits may lead to administrative and/or disciplinary measures.

Staff are reminded of the requirement to keep supporting documentation in support of the dependency benefit(s) for at least five (5) years and the need to provide such documentation to their respective HR Office or Office of Internal Oversight Services (OIOS) for monitoring and audit, within 30 calendar days of the initial request. Failure to do so within the applicable timeframe or submission of falsified information may result in the recovery of all dependency benefits paid, immediate termination of dependency benefits and/or administrative and/or disciplinary measures.

"If the names of dependents appearing are incorrect or not updated, please get in touch with your HR partner directly as the current review is also intended for staff to have their dependency records reflected accurately, and corrected if necessary"

Staff Member Comments:

Please see attached supporting documentation

12. Note: The attachment checkbox MUST be checked whenever a change is indicated in this form even if some changes do not require submission of supporting documentation. Please refer to the prerequisite section of this document for further details.

Attachment of supporting documentation MUST be provided for continuing dependencies that are established annually, such as dependent spouse with earnings or dependent child between the age of 18-21.

A comprehensive list of expected supporting documentation is available in the prerequisite section of this guide.

FILL OUT FORM ANNUAL DECLARATION

Attachments

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

* Attachment Type: Certificate of Disability | 218\Documents\Suriyatb0 | Browse... | Upload | Cancel

Add Attachment | Delete Attachment

13. Scroll back to the top of the form and click to expand the Attachments section, then click right corner to expand the Attachment subsection.



FILL OUT FORM ANNUAL DECLARATION

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

[Add Attachment](#) [Delete Attachment](#)

14. To attach documents click Add attachment



FILL OUT FORM ANNUAL DECLARATION

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

* Attachment Type: eP84 Form

Add Attachment

- eP84 Form
- Staff Member Marital Status Certificate
- Proof of Spouse Gross Occupational Earnings
- Certificate of School Attendance
- Certificate of Disability
- Proof of Support if Non-Custodial Parent
- Amount of Government Assistance
- Proof of financial Support for Secondary dependant
- Certificate of School Attendance for Secondary dependant

Personal Information

Review Year:

First & Last Name:

15. Click Certify of Disability to upload the certificate of disability.

FILL OUT FORM ANNUAL DECLARATION

Attachments

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

* Attachment Type: Certificate of Disability

218\Documents\Suriyalb0

Browse... Upload Cancel

Add Attachment Delete Attachment

16. Click Browse... button. Locate the file on your computer and select.



FILL OUT FORM ANNUAL DECLARATION

Attachments

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

* Attachment Type: Certificate of Disability 218\Documents\Suriya\ib0... Browse... Upload Cancel

Add Attachment Delete Attachment

17. Click Upload button to upload the file.

FILL OUT FORM ANNUAL DECLARATION

1 Fill Out Form 2 Review and Send 3 Confirmation

Previous Next Save Draft

Attachments

Attachment

- Amount of Government Assistance
- Certificate of Disability
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

Add Attachment Delete Attachment

18. The blue highlighting indicates that a document of that type has been attached. When done uploading supporting documents, scroll to the top and click Next.



REVIEW FORM ANNUAL DECLARATION

1 Fill Out Form 2 Review and Send 3 Confirmation

◀ Previous Send ▶

Attachments

Attachment

- Amount of Government Assistance
- [Certificate of Disability](#)
- Certificate of School Attendance
- Certificate of School Attendance for Secondary dependant
- Proof of Spouse Gross Occupational Earnings
- Proof of Support if Non-Custodial Parent
- Proof of financial Support for Secondary dependant
- Staff Member Marital Status Certificate
- eP84 Form

Add Attachment Delete Attachment

19. Click button Send to send your annual declaration for HR Partner review.



When you have completed the form, click on "Send". Your **Annual Declaration for 2018** is completed. Your **HR Partner** will review your information to confirm continued eligibility or execute the necessary personnel actions to adjust, discontinue or start dependency benefits. You can process your **2019 Annual declaration**.

FILL OUT FORM ANNUAL DECLARATION

umojja Search: [] Umoja portal - Q5J Log off

Back Forward History Favorites Personalize View Help Welcome:

Home User Map **Employee Self-Service SM** User Provisioning

Overview

Employee Self-Service SM > Overview Full Screen Options

Fill Out Form Annual Declaration

1 2 3
Fill Out Form Review and Send Confirmation

Previous Next Save Draft

Attachments

Personal Information Data as on 31st December of Review Year

Review Year:	2019
First & Last Name:	Annual Dec DOE
Personnel Number:	
Date of Birth:	12.05.1960
Department/Office:	
Duty Station:	Geneva
Non Family Duty Station (F/N):	F
Appointment Type:	Continuing
Appointment Expiration:	31.12.2045
Gender:	Male



GOVERNMENT ASSISTANCE

PROCEDURE

Follow these additional steps if you are in receipt of Government Assistance on behalf of a dependent child.

If you are confirming the continuance of government assistance and the amount has not changed, simply click yes in the DATA IS CORRECT column for Allowance Amount.

For Austrian government assistance, the value displayed on screen is 0.00 as the actual amount is generated during payroll processing and will only be displayed in your monthly pay slip statement.

For Other country government assistance, the value of the allowance amount will be displayed.

FILL OUT FORM ANNUAL DECLARATION

Child Information: 1		
First & Last Name:	Eva DOE	
Date of Birth:	01.08.2014	
Nationality:	Austrian	
Gender:	Female	
		DATA IS CORRECT
Marital Status:	Single	<input checked="" type="checkbox"/>
Living With Staff Member:	Yes	<input checked="" type="checkbox"/>
Financially Dependent:	Yes	<input checked="" type="checkbox"/>
Full Time Education Attendance (Only applicable to child 18-21 yrs):	No	<input checked="" type="checkbox"/>
In Receipt of Education Grant:	No	<input checked="" type="checkbox"/>
Disabled:	No	<input checked="" type="checkbox"/>
Disability Review Validity Date:	None	<input checked="" type="checkbox"/>
In Receipt of Government Assistance:	Yes	<input checked="" type="checkbox"/>
Type of Assistance:	<div style="border: 1px solid grey; padding: 2px;"> <input type="text" value=""/> </div>	
Allowance Amount (0.00 in case of Austrian Government Grant):	<div style="border: 1px solid grey; padding: 2px;"> <input type="text" value=""/> </div>	<input type="checkbox"/>
Currency:	<div style="border: 1px solid grey; padding: 2px;"> <input type="text" value=""/> </div>	

1. If claiming Government Assistance for the first time, or changing the amount of the assistance, select the type of Government Assistance.



OPTIONS:

- Austria's Government grant
- Other country's Govt. Grant

In this example Austria's Government grant button is selected.

FILL OUT FORM ANNUAL DECLARATION

	DATA IS CORRECT	DATA CHANGE SUBMITTED	NEW VALUE
Single	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
None	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Austria's Governme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
0.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="5000"/>
EUR			<input type="text" value="EUR - European"/>

2. Select the checkbox under DATA CHANGE SUBMITTED column for Allowance Amount and enter the amount of the assistance, and the currency received for the review year.



SAVE AND RETRIEVE A DRAFT OF ANNUAL DECLARATION

You do not have to complete the Annual Declaration in one session. You can save the form as a draft, and then continue work on that draft immediately, or at a later time. You must complete all mandatory check boxes and fields before saving as a draft, but you can return later and make changes before submitting.

PROCEDURE

1. To save the form as a draft, all mandatory checkboxes and fields MUST first be completed.

FILL OUT FORM ANNUAL DECLARATION

2. After completing all mandatory checkboxes, click Save Draft.

FILL OUT FORM ANNUAL DECLARATION

3. You must exit the Annual Declaration to complete saving the draft.



RETRIEVE YOUR SAVED WORK

Follow the steps below to retrieve the draft and continue your work on the form.

OVERVIEW - UMOJA PORTAL



4. Return to the ESS Self-Service Home tab and click Work Center.

WORK CENTER - UMOJA PORTAL



5. If you are not already on the Draft tab, click Draft.



WORK CENTER - UMOJA PORTAL

6. Select the draft version you want to work on, then click Process button. You will now be able to review your previous entries, and continue working on the form.

START PROCESS

By clicking on this box, I certify that I am aware of expected supporting documentation

By checking this box, I certify that the statements made by me in response to the above certification of information contained in the Annual Declaration Form or misrepresentation of information are true and correct.

Staff are reminded of the requirement to keep supporting documentation in support of the Annual Declaration Form (OIOS) for monitoring and audit, within 30 calendar days of the initial request. Failure to do so may result in the termination of dependency benefits and/or administrative and/or disciplinary measures.

"If the names of dependents appearing are incorrect or not updated, please get in touch with your supervisor as soon as necessary"

Staff Member Comments:

HR Comments:

Save Draft Delete Draft

Check and Send ▶

7. When you are done reviewing or have made changes to your form, you can either save as a draft again, or complete the Annual Declaration process.

When you are ready to submit your Annual Declaration, scroll to the bottom of the form and click Check and Send button.



START PROCESS

By clicking on this box, I certify that I am aware of expected supporti

By checking this box, I certify that the statements made by me in res certification of information contained in the Annual Declaration Form

Staff are reminded of the requirement to keep supporting documents (OIOS) for monitoring and audit, within 30 calendar days of the initial termination of dependency benefits and/or administrative and/or disc

"If the names of dependents appearing are incorrect or not updated, please necessary"

Staff Member Comments:

HR Comments:

8. Click Send to complete the Annual Declaration.



COMPLETE THE ANNUAL DECLARATION FOR MORE THAN 9 DEPENDANT CHILDREN

PROCEDURE

1. If you have more than 9 children, you must download the eP84 form and complete the Annual Declaration for the additional children on that form. You must then save, and upload that form along with any other supporting documentation when you submit the Annual Declaration through ESS.

FILL OUT FORM ANNUAL DECLARATION

For additional children not listed above, please download, fill and attach eP84 form provided in button below

[Download eP84 Form](#)

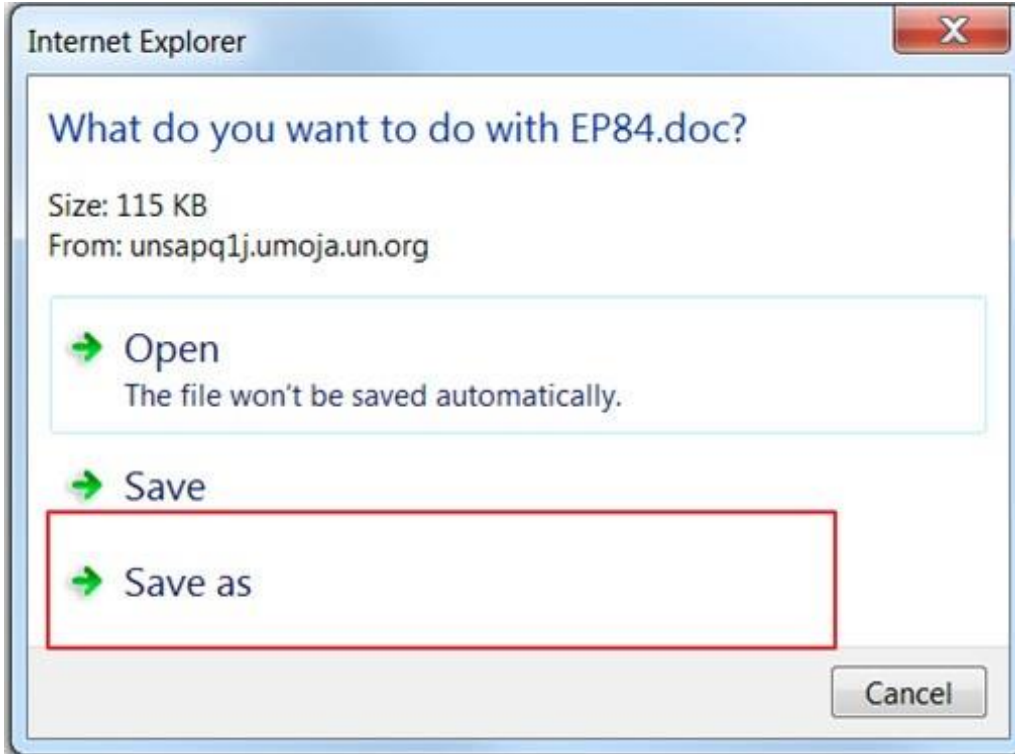
By clicking on this box, I certify that I am aware of expected supporting documentation requirements specified in the link

2. Follow the steps in the main procedure to complete the ESS form for children 1 to 9. Then scroll down to the bottom of the form to find a button to access the eP84 form.

Click Download button to access the eP84 Form.



INTERNET EXPLORER



3. Click Save as button to save the form locally. Browse to the location where you saved the form to open and record additional child records not listed in the online annual declaration form, then save.



FILL OUT FORM ANNUAL DECLARATION

The screenshot shows a web form with two main sections: 'Attachment' and 'Personal Information'.
Attachment Section: A list of checkboxes for various document types: Amount of Government Assistance, Certificate of Disability, Certificate of School Attendance, Certificate of School Attendance for Secondary dependant, Proof of Spouse Gross Occupational Earnings, Proof of Support if Non-Custodial Parent, Proof of financial Support for Secondary dependant, Staff Member Marital Status Certificate, and eP84 Form. Below this is an 'Attachment Type' dropdown menu with a search box and 'Browse...', 'Upload', and 'Cancel' buttons. An 'Add Attachment' button is also present. A dropdown menu is open, showing a list of items including 'eP84 Form' (highlighted in red), 'Staff Member Marital Status Certificate', 'Proof of Spouse Gross Occupational Earnings', 'Certificate of School Attendance', 'Certificate of Disability', 'Proof of Support if Non-Custodial Parent', 'Amount of Government Assistance', 'Proof of financial Support for Secondary dependant', and 'Certificate of School Attendance for Secondary dependant'.
Personal Information Section: Fields for 'Review Year:', 'First & Last Name:', and 'Personal Number:'. The 'Personal Number' field contains the value '00077125'.

4. You must then upload the form as an attachment in the ep84 category. To attach the form Click eP84 Form list item eP84 form. Follow the remaining steps in the main procedure to complete the annual declaration.

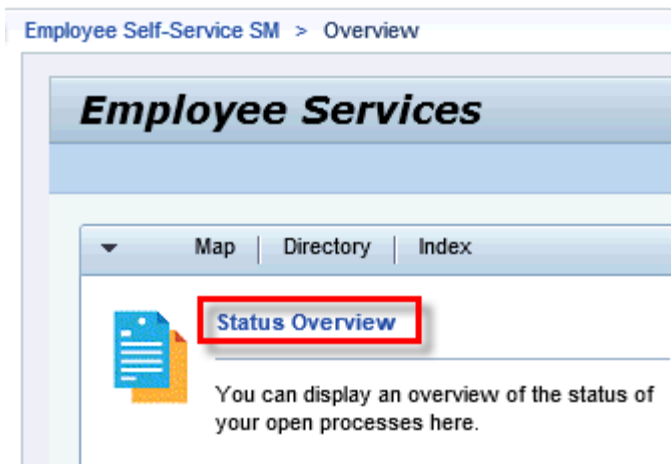


CHECK STATUS OF ANNUAL DECLARATION/VIEW PAST SUBMISSIONS

PROCEDURE

1. Log on to ESS Self-Service.

EMPLOYEE SERVICES



2. Click Status Overview.

EMPLOYEE SERVICES

Processes							
View: [Standard View]							Filter Settings
	Process Name	Affected Employee	Started By	Current Processor	Started On	Process Status	Business Status
<input type="checkbox"/>	Annual Declaration	Annual Dec DOE	HQ1HRESS3 FAT.ESS		28.04.2020 15:19:15	In Process	Processed
<input type="checkbox"/>	Annual Declaration	Annual Dec DOE	HQ1HRESS3 FAT.ESS		27.04.2020 21:19:49	In Process	Processed
<input type="checkbox"/>	Annual Declaration	Annual Dec DOE	HQ1HRESS3 FAT.ESS		22.04.2020 20:45:03	In Process	Processed
<input type="checkbox"/>	Annual Declaration	Annual Dec DOE	HQ1HRESS3 FAT.ESS		22.04.2020 20:30:08	Completed	Processed
<input type="checkbox"/>	Annual Declaration	Annual Dec DOE	HQ1HRESS3 FAT.ESS		14.08.2018 19:38:35	Completed	Processed

3. In the Process Name section you will see a list of annual declaration submissions you have made, one for each year reviewed. The Business Status column lists the status of each submission.



Possible statuses for submissions include:

- **Approved** - means the annual submission is complete and no further action is expected.
- **Processed** - means the submission is in process, further details of pending action is available in the process step
- **Sent Back to Author** - means the HR Partner reviewed the submission and returned the form for additional action or information. The form will be available in the returned tab of the staff member's work center.

To see the processing history and status of an annual declaration, select a row then click Details.

EMPLOYEE SERVICES

Details

Process Name: Annual Declaration
 Process Status: In Process
 Reference Number: 000000297793
 Started On: 28.04.2020 15:19:15
 Ended On:

Started By: [HQ1HRESS3 FAT:ESS](#)
 Business Status: Processed
 Affected EE: [Annual Dec DOE](#)
 Curr. Processor:

Process Steps				
Step Name	Processor	Started On	End Date	Step Status
Annual Declaration - Standard Step 000000297793	HR Administrator	28.04.2020 15:19:54		New
Annual Dec DOE: Annual Declaration - Standard Step	HQ1HRESS3 FAT:ESS	28.04.2020 15:19:15	28.04.2020	Completed

Close

4. The Details screen displays the steps the submitted annual declaration has gone through or is currently in. The status of each step is shown in the Process Status column.

Status values:

- **New** - indicates the current step of a submission awaiting action either by the Staff Member or HR Partner. The person responsible to complete this step is identified in the Processor column.
- **Completed** - Indicates the step is complete and no further action required.

You can view the contents of the annual declaration at any step, including completed and those still in the review process.

Click on the Step Name for the version of the document you want to view.



ANNUAL DECLARATION - STANDARD STEP

Options ▾

Display Form ☰ ☒

Annual Declaration - Standard Step

Employee: Annual Dec DOE

Attachments
 Amount of Government Assistance
 Certificate of Disability
 Certificate of School Attendance
 Certificate of School Attendance for Secondary dependant
 Proof of Spouse Gross Occupational Earnings
 Proof of Support if Non-Custodial Parent
 Proof of financial Support for Secondary dependant
 Staff Member Marital Status Certificate
 eP84 Form

Personal Information Data as on 31st December of Review Year

Review Year:	2018
First & Last Name:	Annual Dec DOE
Personnel Number:	
Date of Birth:	12.05.1960
Department/Office:	
Duty Station:	Geneva
Non Family Duty Station (F/N):	F
Appointment Type:	Continuing
Appointment Expiration:	31.12.2045
Gender:	Male

	DATA IS CORRECT	CHANGE REQUIRED	NEW VALUE
Marital Status:	Married & Related <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Once opened, you can view the contents of the submitted annual declaration at that point in the workflow.



When you have completed the form, click on "Send". Your **Annual Declaration for 2018** is completed. Your **HR Partner** will review your information to confirm continued eligibility or execute the necessary personnel actions to adjust, discontinue or start dependency benefits. You can process your **2019 Annual declaration**.

umojaja Search: [] Umoja portal - Q5J Log off

Back Forward History Favorites Personalize View Help Welcome:

Home User Map **Employee Self-Service SM** User Provisioning

Overview Employee Self-Service SM > Overview Full Screen Options

Fill Out Form Annual Declaration

1 2 3
Fill Out Form Review and Send Confirmation

Previous Next Save Draft

Attachments

Personal Information Data as on 31st December of Review Year

Review Year:	2019
First & Last Name:	Annual Dec DOE
Personnel Number:	
Date of Birth:	12.05.1960
Department/Office:	
Duty Station:	Geneva
Non Family Duty Station (F/N):	F
Appointment Type:	Continuing
Appointment Expiration:	31.12.2045
Gender:	Male