

THE NATIONAL HEALTH INSURANCE MANAGEMENT AUTHORITY

The National Health Insurance Act, 2018 (Act No. 2 of 2018)

APPLICATION FOR REGISTRATION AS A MEMBER FORM 1 A

INSTRUCTIONS

1. Complete this form in one (1) copy.

Membership Number Allocated:

- 2. Complete the applicable portions only.
- 3. Type or print all entries in BLOCK/CAPITAL LETTERS.
- 4. This form shall be submitted to any of the following:
 - (a) The Employer, if employed;
 - (b) The Pension Scheme Manager, if retired;
 - (c) On-line;
 - (d) Head Office of the National Health Insurance Management Authority; or
 - (e) Any other institution designated by the Authority.

REQUIREMENTS

- 1. Submit a certified true copy of your proof of marriage, if married.
- 2. Submit a certified true copy of the Birth Certificate or poof of adoption, if the beneficiary is a child.
- 3. Passport size photos for the applicant and all beneficiaries.
- 4. A certified true copy of the National Registration Card.
- 5. Affidavit or attestation letter.

MANDATORY FOR ALL APPLICANTS (SECTION A)									
A. Personal Details: Citizen/ Established Resident Foreigner Nationality:									
					SEX				
Prof.	Dr.	Mr.	Mrs.	Ms.	Male Female				
Full Names (as they appear on NRC or Passport) Surname Forename Other names:									
NRC Number:									
Passport Number:									
MARITAL STATUS	MARITAL STATUS Married Single Widowed								
If married provide the following information in relation to your spouse; Full Names (as they appear on NRC or Passport) Surname Forename Other names:									
NRC Number: Date of Birth (dd/mm/yy): Date of Marriage (dd/mm/yy):/									
CONTACT DETAILS (SECTION B)									
Town:: Province:		Village (where appl	icable):		Chief (where applicable)				
CERTIFICATION BY	APPLICANT								
PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE OF APPLICANT:									
FOR OFFICIAL USE ONLY									
DOCUMENTS SUBMITTED WHERE APPLICABLE									
1. Copy of Birth Certificates / Record / Affidavit/Proof of Adoption 2. Copy of Marriage Certificate/Proof of Marriage 3. Copy of I.D 4. Copy of PACRA Registration 5. Passport size photos 6. Valid permit for foreign nationals 7. Affidavit or attestation letter									
RECEIVED BY:									
ADDDOVED BY			DATE: (dd/2000/100)						



THE NOTIONAL HEALTH INSURANCE MANAGEMENT AUTHORITY

The National Health Insurance Act, 2018 (Act No. 2 of 2018)

APPLICATION FOR REGISTRATION AS A MEMBER FORM 1 B

INSTRUCTIONS

- 1. Complete this form in one (1) copy.
- 2. Complete the applicable portions only.
- 3. Type or print all entries in BLOCK/CAPITAL LETTERS.
- 4. This form shall be submitted to any of the following:
 - (a) The Employer, if employed;
 - (b) The Pension Scheme Manager, if retired;
 - (c) On-line;

Membership Number Allocated:

- (d) Head Office of the National Health Insurance Management Authority; or

REQUIREMENTS

- 1. Submit a certified true copy of your proof of marriage, if married.
- 2. Submit a certified true copy of the Birth Certificate or poof of adoption, if the beneficiary is a child.
- 3. Passport size photos for the applicant and all beneficiaries.
- 4. A certified true copy of the National Registration Card.
- 5. Affidavit or attestation letter.

(e) Any other institution designated by the Authority.									
CHECK APPROPRIATE BOX ONLY AND COMPLETE THE PARTS APPLICABLE.									
Employee Salaried Self employed citizen/established resident	Retiree Student Others Specify:								
1. SALARIED EMPLOYEE									
To be filled in by the Employer									
We do confirm that,bearer of NRC Number: / / or Work Permit Number:is a bonafide employee of and became an employee on the									
I confirm that the information provided is correct to the best of our knowledge and belief: Name:									
2. SELF-EMPLOYED									
Tick appropriate box(es) 2.1 Wholesale Trading 2.2 Retail Trading 2.3 Transport 2.4 Agriculture 2.5 Mining 2.6 Fishing 2.7 Construction 2.8 Trade Skills 2.9 Others (please specify)									
3. RETIREE									
Type of retirement Early Normal Late 3.1 To be filled in bythe Pension Scheme Manager Name of Pensioner Scheme:	3.2 To be filled in by the Pension Scheme Manager We do confirm that								
CERTIFICATION BY APPLICANT									
I CERTIFY THAT THE INFORMATION AND ALL STATEMENTS PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF SIGNATURE OF APPLICANT:									
FOR OFFICIAL USE ONLY DOCUMENTS SUBMITTED WHERE APPLICABLE									
1. Copy of Birth Certificates / Record / Affidavit/Proof of Adoption 2. Copy of Marriage Certificate/Proof of Marriage 3. Copy of I.D									
4. Copy of PACRA Registration 5. Passport size photos 6. Valid permit for foreign nationals 7. Affidavit or attestation letter									
RECEIVED BY:									
APPROVED BY: DATE: (dd/mm/yy):	/								



THE NOTIONAL HEALTH INSURANCE MANAGEMENT AUTHORITY

The National Health Insurance Act, 2018 (Act No. 2 of 2018)

APPLICATION FOR REGISTRATION AS A MEMBER

FORM 1 C

INSTRUCTIONS

RECEIVED BY:....

Membership Number Allocated:

- 1. Complete this form in one (1) copy.
- 2. Complete the applicable portions only.
- 3. Type or print all entries in BLOCK/CAPITAL LETTERS.
- 4. This form shall be submitted to any of the following:
 - (a) The Employer, if employed;
 - (b) The Pension Scheme Manager, if retired;
 - (c) On-line;
 - (d) Head Office of the National Health Insurance Management Authority; or
 - (e) Any other institution designated by the Authority.

REQUIREMENTS

1. Submit a certified true copy of your proof of marriage, if married.

8. Other (please specify)

- 2. Submit a certified true copy of the Birth Certificate or poof of adoption, if the beneficiary is a child.
- 3. Passport size photos for the applicant and all beneficiaries.
- 4. A certified true copy of the National Registration Card.
- 5. Affidavit or attestation letter.

BENEFICIARIES (PLEASE USE SEPARATE SHEET IF NECESSARY)									
	Last Name	First Name	Gender	Date of Birth	NRC No. or Passport No.	Relationship			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	STUDENT								
This section applies to students above the age of 18years to whom the sections above do not apply. Local Foreign									
1.1 To be filled in by Student Name ofStudent									
1.2 To be filled in by Training Institution We do hereby confirm that									
I CERT	FICATION BY APPLICANT FY THAT THE INFORMATION A DED ARE TRUE AND CORRECT		ledge and belief	SIGNATURE OF API	PLICANT: DATE:	/			
FOR OFFICIAL USE ONLY									
DOCUMENTS SUBMITTED WHERE APPLICABLE									

Copy of Birth Certificates / Record / Affidavit/Proof of Adoption 2. Copy of Marriage Certificate/Proof of Marriage 3. Copy of I.D. Copy of PACRA Registration 5. Passport size photos 6. Valid permit for foreign nationals 7. Affidavit or attestation letter