



NATIONAL HEALTH INSURANCE SCHEME

Population Experience Data Form

Name of Primary Health Care Provider _____ HMO Code: _____

Programme _____

Month/Year: _____

Number of Principal

Age last Birthday	Male	Female	Total
<25			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			

Number of Spouses

Age last Birthday	Male	Female	Total
<25			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			
55-59			

Number of Children

Age last Birthday	Male	Female	Total
0-3			
4-5			
6-10			
11-18			

Programme- Formal Sector Social Health Insurance Programme (FSSHIP)

Name of Data Collection Staff _____

Signature & Date _____