NATIONAL HEALTH INSURANCE SCHEME

MILITARY NHIS PROGRAMME BIO-DATA FORM

FORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMME (FSSHIP)

INSTRUCTIONS: i) Use Black Biro Only, ii) Write in Capital letters

1. Personal Data:

Surname: | First Name: | Middle Name:

Rank: | Service No : | State of Posting | DOB: DDMMYY

Sex: | Marital Status: (M/S/D/SP) | Age | Blood Group | National ID (Personal Number) | Telephone Number

Residential Address (Not P.O.Box or P.M.B)

2. Employer

MOD (for Retiree only) | NA | NN | NAF

(Tick as appropriate)

3. Primary Provider's Data:

Code/No / / | Name

4. Alternative Primary Provider's Data:

Code/No / / | Name

5. Medical History of Significance

(Medical condition that has been diagnosed which can be life threatening to the individual)

A. Diabetes | B. Epilepsy | C. Hypertension | D. Sickle Cell Disease | E. Allergies

6. One Spouse and Four Biological Children:

Medical History of Significance as in No.5 Tick box as appropriate

	First Name	Sex	Blood Group	Date of Birth DDMMYY	A	B	C	D	Alternative Provider
i. Spouse									
ii. Child 1									
iii. Child 2									
iv. Child 3									
v. Child 4									

Employee	Spouse	Child 1	Child 2	Child 3	Child 4
Use gum only to affix Photograph 3cm x 3.5cm	Use gum only to affix Photograph 3cm x 3.5cm	Use gum only to affix Photograph 3cm x 3.5cm	Use gum only to affix Photograph 3cm x 3.5cm	Use gum only to affix Photograph 3cm x 3.5cm	Use gum only to affix Photograph 3cm x 3.5cm

*MRF 20231 *

Thumb Print

Signature

NHIS/FS02

Date