

## NATIONAL HEALTH INSURANCE SCHEME

## MILITARY RETIREES NHIS PROGRAMME BIO-DATA FORM

## FORMAL SECTOR SOCIAL HEALTH INSURANCE PROGRAMME (FSSHIP)

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

<ol> <li>Personal Data:</li> </ol>						
Surname:		First Na	me	Middle Na	ame:	
Surfairie.					1 7 m	
Rank:		Service	No:	State of Origin	DOB:	
Sex Marital Statu		Group Nationa	I ID (Personal Numbe	er) Teleph	one Number	
(M/S/D/S	P)	Residential Address (N	lot P.O.Box or P.M.B)			
State of Res	sidence		Local Go	vernment of Residence	To the second se	
2. Employer	MOD	Army	Navy	Air Forc	e	
	(for Retiree only)	( T	ick as app	ropriate)		
3. Primary Provid					35	
Code/No	Nar (PH	ne C				
Medical History of     (Medical condition that has been	n diagnosed which can be life th	reatening to the individual)			· · · · · · · · · · · · · · · · · · ·	
A. Diabetes	B. Epilepsy	C. Hypertensi	340	le Cell Disease	E. Allegies	
	Four Biological Ch	ildren:		Medical History of Significance as in	No. 4 Tick box as appropriate	
i. Spouse	First Name	Sex	Blood Group	Date of Birth A	B C D	
			ocal Government of Resid	dence Teleph	one Number	
	State of Residence		car government of resid			
ii. Child 1	First Name	Sex	Blood Group	Date of Birth A	B C D	
	First Name					
	State of Residence	Lo	ocal Government of Resi	dence Teleph	one Number	
iii. Child 2						
	First Name	Se:	x Blood Group	Date of Birth A	B C D	
	State of Residence	L	ocal Government of Resi	dence Teleph	none Number	
iv. Child 3					e <sup>2</sup> 2	
10. 0	First Name	Se	x Blood Group	Date of Birth A	B C D	
y' <u>                                     </u>	State of Residence		ocal Government of Res	idence Telepl	hone Number	
					200	
v. Child 4	First Name	Se	x Blood Group	Date of Birth A	· B C D	
			I Government of Boo	idoneo Teleni	hone Number	
	State of Residence	4	ocal Government of Res	idence relepi	none rames	
	22.	: -77	8			
Employee	Spouse	Child 1	Child 2	Child 3	Child 4  Use gum only to affix	
Use gum only to affix Photograph	Use gum only to affix Photograph	Use gum only to affix Photograph	Use gum only to affix Photograph	Use gum only to affix Photograph	Photograph	
3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	
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NHIS/FS02	24 Tes					
				Signature		
		Thumb Print	1	Da	ite	
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