



DEFENCE HEALTH MAINTENANCE LIMITED

Pre-Enrolment Form (PEF) for Additional Dependents

Instructions: (i) Complete with UPPER CASE using black biro. (ii) Attach supporting documents (see list below). (iii) Payment of premium accepted ONLY after approval is given and officially communicated to the principal. (iv) Unauthorized payment of premium is non-refundable and non-transferable. (v) There is a mandatory, non-negotiable and compulsory 90 days waiting period before access to care (i.e after the receipt of proof of payment and approval of duly completed enrollee form at DHML HQ).

1. Principal's Data:

Surname	First Name	Middle Name
Rank	Service Number	NA NN NAF Telephone Number
National Identity Number (NIN)		

2. Dependent's Data:

SPOUSE / BIOLOGICAL CHILD	Sex	Blood Group	Date of Birth	Telephone Number
First Name				
State of Residence	Local Government of Residence	National Identity Number (NIN)		
Marital Status	Name of Spouse	Telephone Number		

3. Dependent's Educational Details:

Name of Institution	Year of Admission	Expected Year of Graduation
Programme / Course		

4. Occupational Details:

Name of Organization	Location

5. Recommendation:.....

Name/Signature:

Date:

6. Approval:.....

Name/Signature:

Date:

Supporting documents: (i) Birth Certificate by National Population Commission. (ii) Proof of current educational or occupational status.