NATIONAL HEALTH INSURANCE SCHEME

DHML/NHIS MILITARY PERSONNEL (SERVING) BIO-DATA FORM

ARMED FORCES SOCIAL HEALTH INSURANCE PROGRAMME (AFSHIP)

INSTRUCTION: (i) Use Black Biro Only, (ii) Write in Capital Letters

1. Personal Data:

Surname: | First Name: | Middle Name:

Rank: | Service No: | State of Origin | DOB:

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)

State of Residence | Local Government of Residence

2. Employer : Army ☐ Navy ☐ Air Force ☐ (Tick as appropriate)

3. Principal Provider's Data:

Code/No ☐☐☐ / ☐☐☐☐ / ☐ Name (PHC)

4. Medical History of Significance (Medical condition that has been disgnosed which can be life threatening to the individual) Medical History of Significance as in No.4 Tick box as appropriate

A. Diabetes ☐ B. Epilepsy ☐ C. Hypertension ☐ D. Sickle Cell Disease ☐ E. Allegies ☐

5. Dependant Provider's Data:

Code/No ☐☐☐ / ☐☐☐☐ / ☐ Name (PHC)

6. One Spouse and four Biological Children:

Spouse

First Name | Sex | Blood Group | Date of Birth | A | B | C | D

State of Residence | Local Government of Residence | Telephone Number

Child 1

First Name | Sex | Blood Group | Date of Birth | A | B | C | D

State of Residence | Local Government of Residence | Telephone Number

Child 2

First Name | Sex | Blood Group | A | B | C | D

State of Residence | Local Government of Residence | Telephone Number

Child 3

First Name | Sex | Blood Group | A | B | C | D

State of Residence | Local Government of Residence | Telephone Number

Child 4

First Name | Sex | Blood Group | A | B | C | D

State of Residence | Local Government of Residence | Telephone Number

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

DHML Enrolment Officer's Details

Name: .....

Signature:.....

Principal

Signature

Date