



# NATIONAL HEALTH INSURANCE EMPLOYEE REGISTRATION FORM

Form B

## INSTRUCTIONS

Please use block letters. Proof of identification (i.e. belongs card or passport) **must** be submitted. If name differs from that on passport, proof of name change (i.e. deed poll, affidavit or marriage certificate) is required.

**NOTE:** An eligible employee with an eligible unemployed spouse pays the equivalent value of his/her premium for the unemployed spouse and must submit **Form D (Unemployed Spouse's Declaration Form)** in this regard.

### PERSONAL DATA (to be filled by employee)

LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ GENDER: MALE ☐

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ FEMALE ☐

VALID I.D. NUMBER: \_\_\_\_\_ | I.D. TYPE: PASSPORT ☐ | WORK PERMIT ☐ | BELONGER CARD ☐

COUNTRY OF ISSUE: \_\_\_\_\_ | ISSUE DATE: \_\_\_\_\_ | EXPIRY DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ | TELEPHONE # (284) \_\_\_\_\_ | (284) \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ | DATE OF BIRTH: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

OCCUPATION: \_\_\_\_\_ | NHI MEMBERSHIP NUMBER: \_\_\_\_\_  
(If previously registered)

MARTIAL STATUS: SINGLE ☐ | MARRIED ☐ | DIVORCED ☐ | WIDOWED ☐ | SEPARATED ☐ | COMMON-LAW-SPOUSE ☐

SPOUSE'S NAME: \_\_\_\_\_ | SPOUSE'S BIRTHDATE: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

SPOUSE'S EMPLOYMENT STATUS: EMPLOYED ☐ | SELF-EMPLOYED ☐ | UNEMPLOYED ☐ | RESIDING OVERSEAS ☐

DATE OF MARRIAGE: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

### EMPLOYMENT DATA (to be filled by employer)

EMPLOYER'S NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF HIRE: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

We hereby apply for registration of this employee under the Social Security (Amendment)

Act, 2014 and certify that the information provided is true and correct.

Employee's Signature ..... Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Employer's Signature ..... Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

Designation.....

COMPANY STAMP

### OFFICIAL USE ONLY

Officer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Registration Number Assigned: \_\_\_\_\_

Date: D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_