



NATIONAL HEALTH INSURANCE UNEMPLOYED SPOUSE'S DECLARATION FORM

Form D

INSTRUCTIONS

Please use block letters. Proof of identification (i.e. passport, work permit, belonger's cards) and a copy of the marriage certificate **must** be submitted. If name differs from that on the birth or marriage certificate, then proof of name change (i.e. deed poll or affidavit) is required.

This is to certify that I,
(Claimant) (NHI Membership Number)

And
(Unemployed Spouse) (NHI Membership Number)

were married on Employed Spouse's Employer

UNEMPLOYED SPOUSE INFORMATION

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:

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 ____

I hereby apply for registration of my unemployed spouse under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

Claimant's Signature Date: D ____ M ____ Y ____

Spouse's Signature Date: D ____ M ____ Y ____

OFFICIAL USE ONLY

Officer's Name:

Signature:

Registration Number Assigned:

Date: D ____ M ____ Y ____