



NATIONAL HEALTH INSURANCE SENIOR CITIZEN REGISTRATION FORM

Form H

INSTRUCTIONS

Please use block letters. Proof of identification (i.e. birth certificate, driver's licence or passport) **must** be submitted. If name differs from that on birth certificate, proof of name change (i.e. deed poll, affidavit or marriage certificate) must be submitted. Senior citizen refers to a person 65 years of age and older.

PERSONAL 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: _____ | 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: Date: D____ M____ Y____

INSTITUTION INFORMATION *

INSTITUTION'S NAME: _____

ADDRESS: _____

* To be filled by the beneficiary, an authorized representative, or Permanent Secretary in the Ministry responsible for Senior Citizens as applicable.

I hereby apply for registration as a senior citizen under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

Applicant's Signature Date: D____ M____ Y____

Full Name of Representative

Relationship to the Beneficiary

Permanent Secretary's Signature Date: D____ M____ Y____

MINISTRY STAMP
(IF APPLICABLE)

OFFICIAL USE ONLY

Officer's Name: _____ Signature: _____

Registration Number Assigned: _____

Date: D____ M____ Y____