



# NATIONAL HEALTH INSURANCE REQUEST FOR REPLACEMENT MEMBERSHIP CARD

**Form N**

THE DIRECTOR  
VIRGIN ISLANDS NATIONAL HEALTH INSURANCE

I, Mr./Miss/Mrs./Ms. \_\_\_\_\_  
    \_\_\_\_\_  
(SURNAME) (FORENAME(S))

hereby request a replacement NHI Membership Card as a result of the loss/theft/mutilation of the previously issued card. I agree to pay the replacement cost of the card as stipulated in the Social Security (Amendment) Act, 2014.

## IDENTIFICATION

I.D. TYPE: PASSPORT | WORK PERMIT | BELONGERS CARD | I.D. NUMBER: \_\_\_\_\_

ISSUE DATE: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ | EXPIRY DATE: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

COUNTRY OF ISSUE: \_\_\_\_\_

**I declare that the information provided is true and correct.**

**Signature** ..... **Date:** D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_

## OFFICIAL USE ONLY

Receipt No: \_\_\_\_\_ NHI Membership Number: \_\_\_\_\_

NHI Membership Number Verified By: \_\_\_\_\_

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

## RECEIPT OF NHI MEMBERSHIP CARD BY INSURED PERSON

I certify that I have received the replacement NHI Membership Card.

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