



NATIONAL HEALTH INSURANCE

Government of the Virgin Islands

"Your Security For A Lifetime"

REGISTER AND MANAGE MEMBERS | USER GUIDE |



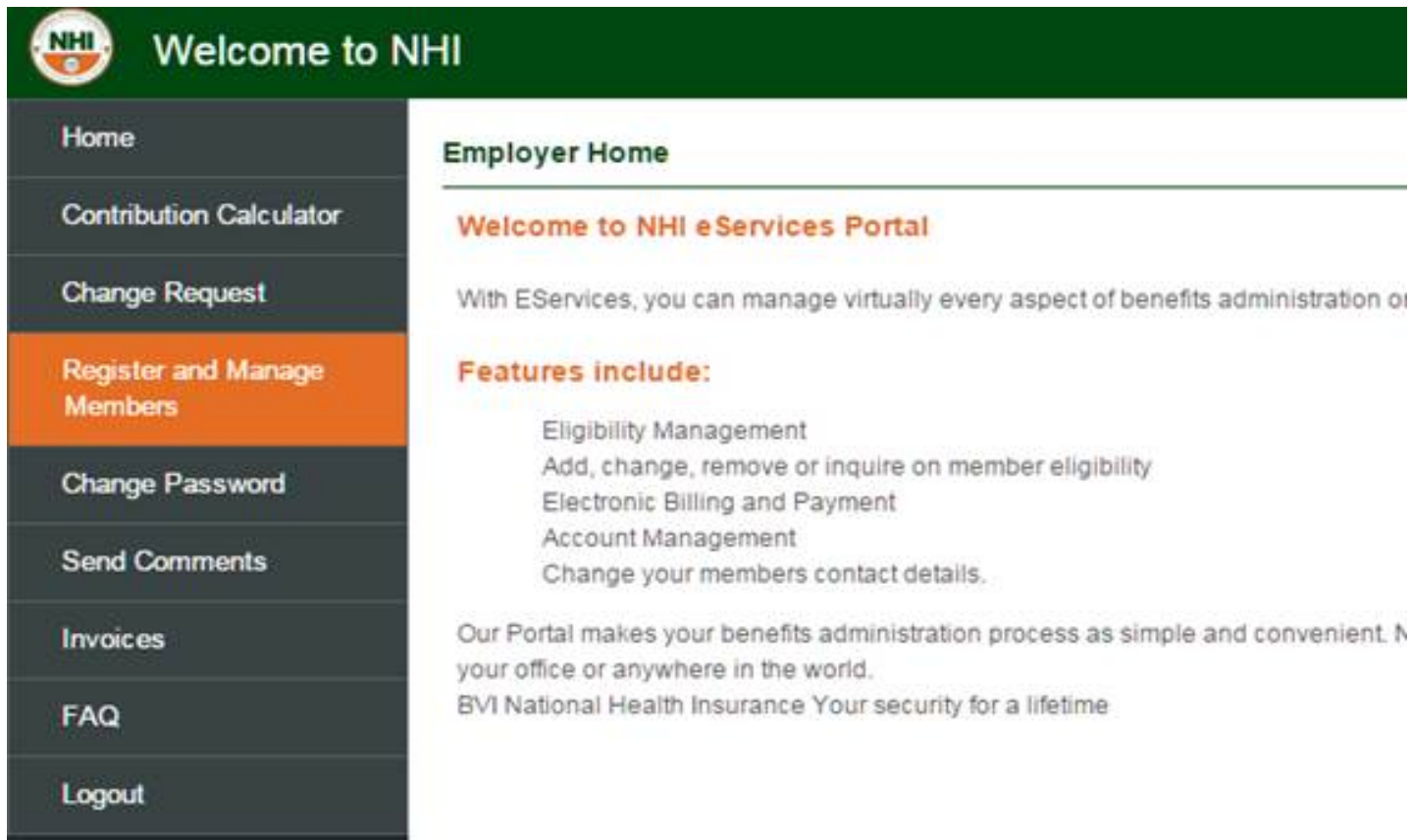
In order to gain access to the Employer eServices website, Employers must register via the eServices Portal and clicking the “First Time Users, Click Here To Register” tab.

Manage Employee/Member Page.

This page is used to search for *existing members*, or *add new members* who have not yet registered for the National Health Insurance (NHI) program, and also *add new members* who have already registered for the NHI Program (the member may have registered by a different employer).

Adding New Members who have not yet registered with the NHI Program

1. From the *Home Page* click on the *Register and Manage Members* tab to open the *Manage Members* page.



2. From the *Manage Members* page click on *ADD NEW MEMBER* to open *Add member* page.

Add Member

NHI Number		Last Name *		Middle Name	
First Name *		Country of birth *	Select ▼	Gender *	MALE ▼
Birth Date *	mm/dd/yyyy	Postal Code *	Select ▼	Island	
Address *		Phone(Home) *	XXX-XXX-XXXX	Phone(Other)	XXX-XXX-XXXX
Email		Occupation *	Select ▼	Marital Status *	SINGLE ▼
Employment Date	mm/dd/yyyy				

Children Information

First Name	Last Name	Middle Name	Gender	DOB	Birth Certificate	Country Of Birth	School Attending
			Male ▼	mm/dd/yyyy		BRITISH VI ▼	

ADD MORE

Member Identification Information

ID Type	Valid ID Number	Issue Date	Expiry Date	Country	Attachment
DRIVERS LICENCE ▼		mm/dd/yyyy	mm/dd/yyyy	BRITISH VIRGIN IS ▼	Upload file

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.

☐ I Agree

RESET

3. From the **Add member** page, complete the following information for the **new member**:
- ✓ **First Name:** Enter the first name of member. This field is required to complete the forms.
 - ✓ **Last Name:** Enter the last name of member. This field is required to complete the forms.
 - ✓ **Middle Name:** Enter member middle name. This field is optional.
 - ✓ **Birth Date:** Enter member date of birth. This field is required to complete the forms. Date format is two (2) digits month, two (2) digits days and four (4) digits year (mm/dd/yyyy) e.g. 08/11/2015.

- ✓ **Country of Birth:** Select member country of birth from the drop-down list. The country of birth is required to complete the forms.
- ✓ **Gender:** Select member gender from drop-down list. Gender is required to complete the forms.
- ✓ **Address:** Enter member Street Address or any P.O. Boxes. The address is required to complete the forms.
- ✓ **Postal Code:** Select Address Zip Code from drop-down list. The Zip Code is required to complete forms.
- ✓ **Island:** The Island will be populated automatically after zip code is entered. The island cannot be manually entered.
- ✓ **Email:** Enter member email address. This email address is optional.
- ✓ **Phone (Home):** Enter member phone number in the ten (10) digits format specified (XXX-XXX-XXXX) and the dash must also be inserted. This field is required to complete the forms.
- ✓ **Phone (Other):** Enter any other member phone number if available. This field is optional.
- ✓ **Employment Date:** Enter employment date if member is employed.
- ✓ **Occupation:** Select member occupation from drop-down list. For members who are not employed, choose 'Not applicable'.
- ✓ **Marital Status:** Select employee or member marital status from the drop-down list. If **married** is selected, additional information should be provided about spouse.

Following is the additional information that may be required for the **Spouse**:

- ✓ **Spouse NHI number**-Member spouse NHI number (If Spouse is already registered under NHI).
- ✓ **Spouse Date of Birth**-Member spouse date of birth.

- ✓ **Spouse First Name**-Member spouse first name.
- ✓ **Spouse Last Name**-Member spouse last name.
- ✓ **Spouse Middle Name**-Member spouse middle name.
- ✓ **Spouse Employment Status**-Member spouse employment status.
- ✓ **Date of Marriage**-Member marriage date.

Spouse Details			
Spouse DOB*	<input type="text" value="mm/dd/yyyy"/>		
Spouse First Name *	<input type="text"/>	Spouse Last Name*	<input type="text"/>
		Spouse Middle Name	<input type="text"/>
Spouse Employment Status *	<input type="text" value="Employed"/>	Date of marriage*	<input type="text" value="mm/dd/yyyy"/>

Children Information:

Members who are legal parents or guardians of a child or children, who have not yet reached the age of 18 years, should complete this **Tab** in order to register their child or children in the NHI program. Additionally, Parents or legal guardians seeking coverage for child over the age of 18 years should present proof that the child is currently enrolled in a full-time programme at an accredited college, university or educational institution on an annual basis to the NHI Office. The following **required** information should be completed on the forms:

- ✓ **First Name:** Enter child first name.
- ✓ **Last Name:** Enter child last name.
- ✓ **Middle Name:** Enter child middle name.
- ✓ **Gender:** Enter child gender.
- ✓ **Date of Birth:** Enter child date of birth.
- ✓ **Birth Certificate:** Enter child birth certificate number.
- ✓ **Country of Birth:** Select country of birth from drop-down list of countries.

✓ **School Attending:** If applicable enter school attending.

Click on **ADD MORE** to enter the information of another child.

Add Member

NHI Number			
First Name *	<input type="text"/>	Last Name *	<input type="text"/>
		Middle Name	<input type="text"/>
Birth Date *	<input type="text" value="mm/dd/yyyy"/>	Country of birth *	<input type="text" value="Select"/>
		Gender *	<input type="text" value="MALE"/>
Address *	<input type="text"/>	Postal Code *	<input type="text" value="Select"/>
		Island	<input type="text"/>
Email	<input type="text"/>	Phone(Home)*	<input type="text" value="XXX-XXX-XXXX"/>
		Phone(Other)	<input type="text" value="XXX-XXX-XXXX"/>
Employment Date	<input type="text" value="mm/dd/yyyy"/>	Occupation *	<input type="text" value="Select"/>
		Marital Status *	<input type="text" value="SINGLE"/>

Children Information

First Name	Last Name	Middle Name	Gender	DOB	Birth Certificate	Country Of Birth	School Attending
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text" value="BRITISH VI"/>	<input type="text"/>

ADD MORE

Member Identification Information

ID Type	Valid ID Number	Issue Date	Expiry Date	Country	Attachment
<input type="text" value="DRIVERS LICENCE"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="BRITISH VIRGIN IS"/>	Upload file

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.

☐ I Agree

RESET

Member Identification Information

A valid identification (ID) card is required for registration. The required information should be provided on the **TAB (Member Identification Information)**. An image of the ID card can also be attached to the record.

To add an Identification Card the required steps below must be followed:

- ✓ **ID Type:** Select approved ID Cards from the list of ID cards in the drop-down list.
- ✓ **Valid ID Number:** Enter the document number or ID card number.
- ✓ **Issue Date:** Enter the issue date of the document or ID card number. The date format is “mm/dd/yyyy”.
- ✓ **Expiry Date:** Enter the expiry date of the ID card. The date format is mm/dd/yyyy”.
- ✓ **Country of Issue:** Select country where the document was issued.

Add Member

NHI Number					
First Name *	<input type="text"/>	Last Name *	<input type="text"/>	Middle Name	<input type="text"/>
Birth Date *	<input type="text" value="mm/dd/yyyy"/>	Country of birth *	<input type="text" value="Select"/>	Gender *	<input type="text" value="MALE"/>
Address *	<input type="text"/>	Postal Code *	<input type="text" value="Select"/>	Island	<input type="text"/>
Email	<input type="text"/>	Phone(Home)*	<input type="text" value="XXX-XXX-XXXX"/>	Phone(Other)	<input type="text" value="XXX-XXX-XXXX"/>
Employment Date	<input type="text" value="mm/dd/yyyy"/>	Occupation *	<input type="text" value="Select"/>	Marital Status *	<input type="text" value="SINGLE"/>

Children Information

First Name	Last Name	Middle Name	Gender	DOB	Birth Certificate	Country Of Birth	School Attending
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Male"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>	<input type="text" value="BRITISH VI"/>	<input type="text"/>

ADD MORE

Member Identification Information

ID Type	Valid ID Number	Issue Date	Expiry Date	Country	Attachment
<input type="text" value="DRIVERS LICENCE"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="BRITISH VIRGIN IS"/>	Upload file

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.

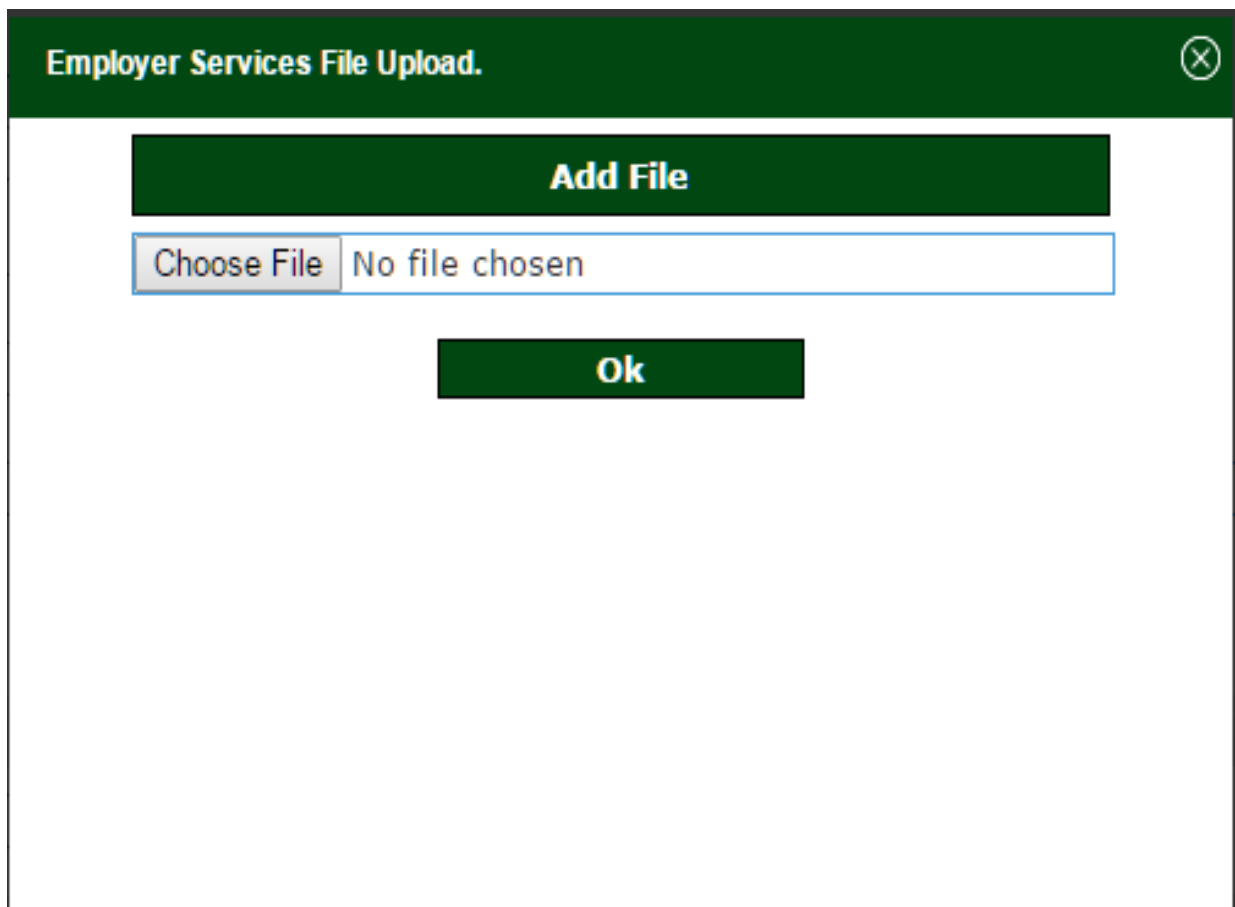
☐ I Agree

RESET

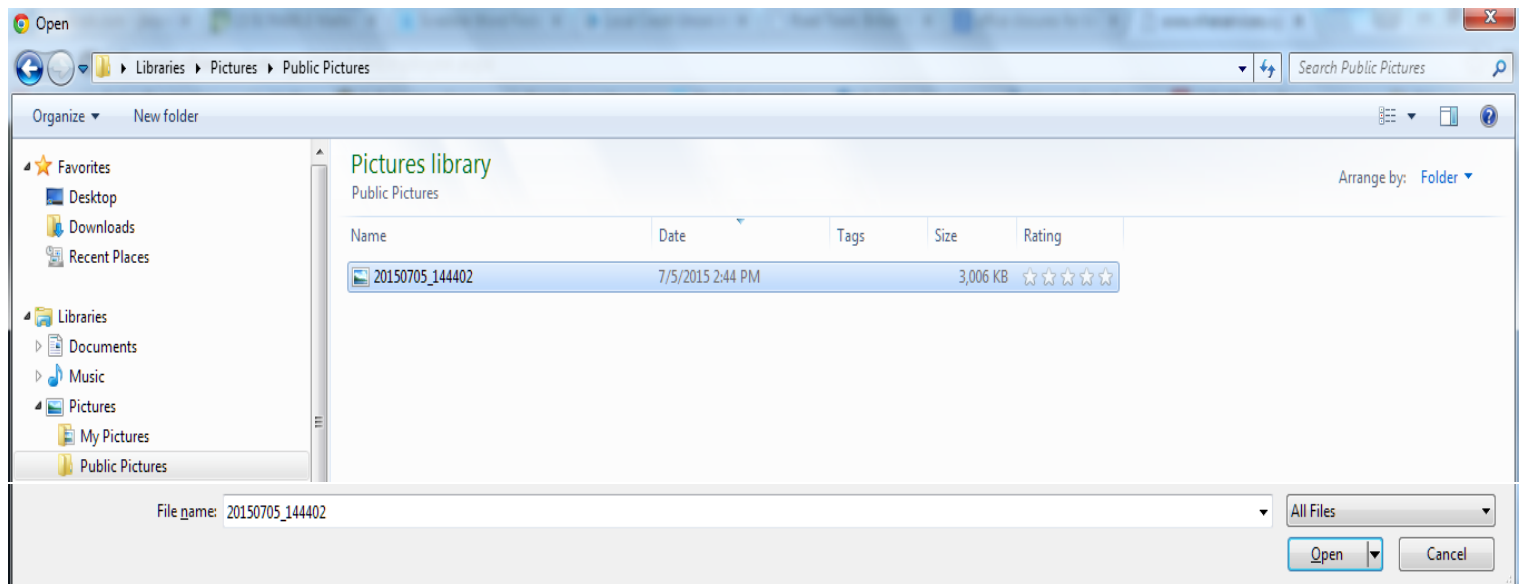
Upload Image copy or copies of document or ID card.

4. To upload an image copy or copies of document :

Click on “**Upload File**” at the end of the ID card line to open File Upload pop-up page.



Click on the button **Choose File** to open the file search dialog box.



From the **Open File Dialog box**, navigate to the folder where the scanned image of the file is saved and select file. Only **PDF** and **Image** files are accepted as attachments.

Click on the **OK** button to attach file to document information.

To add more files click on **Add File** and follow the steps to attach a file.

Declaration: Carefully read declaration and click on the “**I agree**” check box. The *submit* button will be activated.

5. Click on **SUBMIT** button to submit the information to NHI Department of the SSB. To clear all information on the form, click on the **RESET** button.
6. NHI will print and deliver to the Employer a pre-printed Registration Form for each Member based on the information submitted to allow each Member to review and edit the information to ensure accuracy (make edits on the printed form). Submit any changes made on the printed form to NHI. NHI will make the changes and deliver a corrected form to the Employer.
7. Once all data is accurate, the Employer and each Member must sign and return the registration form to NHI which will complete the registration process.

Add members who have registered in the NHI Program

For members who have already registered in the NHI program and have been given an NHI membership number, but may be moving from one employer to the other or registering with a second employer. The following steps must be followed to add members.

1. From the Manage Member page, click on **ADD Existing Member** to open the Addition **Change Request** page.

*****This function will only be available if the registration process was previously completed**.***

2. In order to add an existing employee, the NHI membership number and the date of birth are required.

Change Request

Use this form to add or terminate an existing member

☒ Additions ☐ Terminations

DOB	NHI	First Name	Last Name	Compensation	Effective Date
<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>			\$ <input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
<input type="button" value="SUBMIT"/>		<input type="button" value="ADD MORE"/>			

- ✓ **NHI Number:** Enter member number. This field is required.
- ✓ **Date of Birth:** Enter member date of birth. This field is required. After supplying the NHI Number and the date of birth, the system will automatically populate the first and last name of employee.
- ✓ **Compensation:** Enter member compensation if any or enter the value of 0.
- ✓ **Effective date:** Enter effective date employee started working with employer.
- ✓ **Click on Add More** to add more members if any.
- ✓ **Click on Submit** to submit the addition change request to NHI.

Terminating Employees

To terminate an employee under an employer, the following steps must be used:

1. From the left **menu bar**, click on **Change Request** to open the **Change Request page**:

Change Request

Use this form to add or terminate an existing member

☐ Additions ☒ Terminations

Search By

NHI ▼

NHI

SEARCH

2. From the Change Request page, click on Terminations and use the search criteria to search for the member to terminate, or leave the Search criteria as ALL and click on **SEARCH** to search for all members under employer.

Change Request

Use this form to add or terminate an existing member

☐ Additions ☒ Terminations

Search By

NHI ▼

NHI

SEARCH

3. Enter termination date. All dates are in mm/dd/yyyy format.
4. Click on **SUBMIT** to submit the terminations change request to NHI.