



# NATIONAL HEALTH INSURANCE

Government of the Virgin Islands

*"Your Security For A Lifetime"*

**REGISTRATION INFORMATION  
REQUIRED**

# INFO



## **Registration requires providing the following details:**

❖ Employee Details	❖ Children Details	❖ Spouse Details
✓ First Name	✓ First Name	✓ First Name
✓ Last Name	✓ Last Name	✓ Last Name
✓ Middle name ( <i>Optional</i> )	✓ Middle Name	✓ Middle Name
✓ Birth Date ( <i>mm/dd/yyyy</i> )	✓ Gender	✓ Employment Status
✓ Country of Birth	✓ Date of Birth	✓ Date of Marriage
✓ Gender	✓ Country of Birth	✓ Date of Birth
✓ Address	✓ School Attending	
✓ Postal Code	✓ Birth Certificate ( <i>0 - 16 years</i> )	
✓ Email	✓ Passport ( <i>for Children 6 years and older</i> )	
✓ Phone (Home) xxx-xxx-xxxx		
✓ Phone (Other) xxx-xxx-xxxx		
✓ Employment Date		
✓ Occupation		
✓ Marital Status		

## **Valid Types of Identification\*and required details:**

### **❖ Valid Identification Types**

- ✓ Passport
- ✓ Belonger's Card
- ✓ Work Permit

***\*Valid identification may be scanned and submitted as an image or text file via the online Registration system.***