



EMPLOYER INFORMATION

Employer ID #: _____

Employer Name: _____

Contact Person: _____ Contact Number: _____

ADDITION OF DEPENDENT(S)
(LIST DETAILS BELOW)

DELETION OF DEPENDENT(S)
(LIST DETAILS BELOW)

EMPLOYEE INFORMATION

NHIP # Member ID: _____

| | | | | |
|-------------------|---|--------------|-----------------|---|
| Member Name: | First Name, Middle Initials, Surname | | Effective Date: | |
| DOB (mm/dd/yyyy): | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status: | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Gender: | | | Status: | |
| Address: | | | | |
| Area: | | Country: | | |
| Island: | | Other Phone: | | |
| Phone: | | | | |
| E-mail Address: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurer: | | |

MEMBER ALTERNATE IDS

| | | | |
|-----------------------------|--|-----------------|--|
| NIB #: | | Date From/Thru: | |
| Passport # / Country | | Date From/Thru: | |
| Drivers License # / Country | | Date From/Thru: | |
| Work Permit #: | | Date From/Thru: | |
| Visa # / Country: | | Date From/Thru: | |
| Other: | | Date From/Thru: | |

| SURNAME | FIRST NAME | M.I. | RELATIONSHIP | DATE OF BIRTH MM DD YY | GENDER |
|---------|------------|------|--------------|---------------------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REASON FOR ADDITION OF DEPENDENT

- MARRIAGE ADOPTION/FOSTER CHILD
 BIRTH OF CHILD OTHER (SPECIFY)

REASON FOR DELETION OF DEPENDENT

- DIVORCE/DEATH OF DEPENDENTS OTHER (SPECIFY)

Declaration by Employer: I, _____, agree to deduct contributions in respect of dependents listed above from the above employee's earnings and pay to the National Health Insurance Board on the 14th of each month. I further declare that the particulars provided in this form are true to the best of my knowledge information and belief.

Signature: _____ Date (mm/dd/yyyy) _____

Declaration of Employee: I, _____, hereby acknowledge that contributions are payable in respect of my dependents, and that such contributions are to be deducted from my earnings and paid to the National Health Insurance Board. I further authorize the above named employer to make the said deduction, and pay to the National Health Insurance Board. I declare that the information I have provided in this application is true to the best of my knowledge information and belief, and I make it knowing that if I have made any false or misleading statements, that I am liable to be prosecuted under the National Health Insurance Ordinance 2009.

Signature: _____ Date (mm/dd/yyyy) _____

FOR OFFICIAL USE ONLY

AUTHORIZED OFFICER

DATE

DATA ENTERED BY

THE FOLLOWING ADDITIONAL DOCUMENTS MUST BE INCLUDED:

Child Enrollment - BELONGER

- a. Passport
- b. Birth Certificate
- c. Parents proof of legal status
- d. Parents Passport
- e. Affidavit if parent not name on birth certificate.
- f. Child Proof of legal status

Child Enrollment - NON-BELONGER

- a. Passport
- b. Birth Certificate
- c. Parents Legal status document (including dependent endorsement on Work Permit & PRC's)
- d. Parents Passport
- e. Affidavit if parent not name on birth certificate
- f. Child Proof of legal status

Spouse - BELONGER

- a. Marriage certificate
- b. Passport
- c. Spouse passport
- d. Proof of spouse legal status
- e. Proof of dependent legal status

Spouse - NON-BELONGER

- a. Marriage certificate
- b. Passport
- c. Spouse passport
- d. Proof of spouse legal status
- e. Proof of dependent legal status

The following documents are acceptable for registration purposes under the NHIB Regulations-

- a) For belongers, birth certificate, passport, Certificate of belongership
- b) For foreign nationals (expatriates) on current work permits, passport, birth certificate, valid work permit
- c) For foreign national (expatriates), proof of legal status in the Islands
- d) For permanent residents, passport, birth certificate, permanent resident card
- e) Marriage certificate
- f) Affidavit in support of any fact
- g) Such other documentary evidence as board may consider necessary to support the accuracy of any particulars submitted.