NHIB INDIGENT/DISABLED ENROLLMENT FORM

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Member Name:			Effective Date:			
DOB (mm/dd/yyyy):		Marital Status:	☐ Single	☐ Married	☐ Divorced	☐ Widowed
Gender:	☐ Male	☐ Female	Occupation:			
Country of Birth:			NHIP #:			
Home Address:						
Area:						
Island:			Country:			
Phone:			Other Phone:			
E-Mail Address:						
Indigent?	☐ Yes	☐ No	**Disabled?**	☐ Yes	☐ No	

TCI Status Card #:		**Date From;**	
NIB#:		**Date From:**	
Passport # / Country:		**Date From/Thru:**	
Driver's License # / Country:		**Date From/Thru:**	

Declaration by Indigent/Disabled: I, ____ (full name of applicant) declare that the information I have provided in this enrollment form is true and correct to the best of my knowledge and I make it knowing that if I have made any false or misleading statements I am liable to be prosecuted under the National Health Insurance Ordinance.

Signed by: ________________________________ Date (mm/dd/yyyy): _____________________________

Declaration by Indigent/Disabled: I, ____ (full name of applicant) hereby declare and understand that by registering as an indigent/disabled person, the NHIB reserves the right to request and have access to my records from the Social Development Department. This is in accordance with the National Health Insurance Ordinance.

Signed by: _________________________________ Date (mm/dd/yyyy): _____________________________

CONSENT TO RECEIVE AND RELEASE MEDICAL INFORMATION

I, ____ (full name of applicant), hereby give permission to the National Health Insurance Board to receive and release medical records or other information about my medical records to individuals who will be involved in the delivery of medical treatment to me. The authorization is indefinite while I am enrolled in the National Health Insurance Plan, unless I inform the National Health Insurance Board that I no longer authorize the disclosure of information.

Print Name: ____ Signature: __________________________________

Date (mm/dd/yyyy): ___________________________________

FOR OFFICIAL USE:

RECEIVED BY: __________________________ DATE: __________________________

SOCIAL DEV. STAMP

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NHIB INDIGENT/DISABLED ENROLLMENT FORM

NATIONAL HEALTH INSURANCE BOARD ENROLLMENT REQUIREMENTS

INDIGENT/DISABLED ENROLLMENT

Please remit the following **along with** the completed enrollment form:

- ☐ **ORIGINAL COPY OF PASSPORT PHOTO PAGE**

- ☐ **ORIGINAL COPY OF DOCUMENT CONFIRMING LEGAL STATUS IN THE TURKS & CAICOS ISLANDS**
  - ☐ Turks & Caicos Islander Status
    - (i) Proof of Status (i.e. Turks & Caicos Islander Certificate/Stamp/Letter, TCI Status Card)
  - ☐ Resident Permit Holders (Persons married to Turks & Caicos Islanders)
    - (i) Resident Permit Card
    - (ii) "Spouse of Turks and Caicos Islander" stamp in Passport
  - ☐ Naturalization Certificate Holders
    - (i) Naturalization Certificate

- ☐ **VERIFICATION OF INDIGENT/DISABLED STATUS**
  - ☐ Social Development Department Stamp on enrollment form

Applicants are to submit **all** required documents upon registration.