



NHIB EMPLOYER ENROLLMENT FORM

Employer Group ID#: _____

Employer Group Name: _____

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Employer Name:

Address:

Island:

Country

Phone:

Other Phone:

E-Mail Address:

ID#

No. of Employees

CONTACT PERSON(S)

1. Name:

Title:

Company:

Phone:

Other Phone:

E-Mail Address:

2. Name:

Title:

Company

Phone:

Other Phone:

E-Mail Address:

Declaration by Employer: I, _____ (full name of employer) declare that the particulars provided in this enrollment form are to the best of my knowledge correct.

Signed by: _____ Date (mm/dd/yyyy): _____



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NATIONAL HEALTH INSURANCE BOARD ENROLLMENT REQUIREMENTS

EMPLOYER ENROLLMENT

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

- 1. ORIGINAL or CERTIFIED COPY OF BUSINESS LICENSE**
- 2. ORIGINAL or CERTIFIED COPY OF CERTIFICATE OF REGISTRATION**
 - a. Business Name Certificate (or)
 - b. Certificate of Incorporation and Articles of Association
 - (i) List of Directors/Trustees
- 3. ORIGINAL or CERTIFIED COPY OF PASSPORT PHOTO PAGE**
- 4. ORIGINAL OR CERTIFIED COPY OF DOCUMENT CONFIRMING LEGAL STATUS IN THE TURKS & CAICOS ISLANDS**

Turks and Caicos Islander Status

- (i) Proof of Turks and Caicos Islander Status, (i.e., Certificate, TCI Status Card)

Self-Employed Work Permit

- (i) Self-employed work permit card
- (ii) Self-employed Immigration (renewal) receipt

Permanent Resident Certificate Holder (with the right to work)

- (i) Permanent Resident Certificate
- (ii) Permanent Resident Stamp in Passport

Naturalization Certificate Holders

- (i) Naturalization Certificate

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