



Afya Yetu. Bima Yetu

NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, 00100 NAIROBI

Website www.nhif.or.ke

MEDICAL INSURANCE COVER FOR CIVIL SERVANTS AND DISCIPLINED SERVICES
DECLARATION OF DEPENDANTS AND MEDICAL FACILITY FORM

Guidelines:

1. Principal Members of the Scheme are required to forward a duly completed form to the nearest NHIF office.
2. To select a medical facility, please refer to the list of NHIF accredited health facilities/hospitals available in the NHIF Website and NHIF offices Countrywide.

A. PRINCIPAL MEMBER'S DETAILS

SURNAME: OTHER NAMES: GENDER:

PERSONAL NO: JOB GROUP:

I.D NO: DATE OF BIRTH (D/M/Y).....

MOBILE NO: EMAIL ADDRESS

EMPLOYER: STATION:

NAME OF ALLOCATED MEDICAL FACILITY:

PREFERRED MEDICAL FACILITY:

LOCATION/TOWN:.....



B. DEPENDANTS DETAILS

	NAMES	I.D NO/ BIRTH CERTIFICATE NO.	DATE OF BIRTH			GENDER
			DD	MM	YR	M/F
SPOUSE						
CHILD 1						
CHILD 2						
CHILD 3						

C. CERTIFICATION

I certify that the information provided is correct to the best of my knowledge.

Name of Employee:..... Signature: Date:

D. FOR OFFICIAL USE

APPROVED BY: Signature: Date: