

ENROLLEE'S REGISTRATION FORM (FORM 01)
PRIVATE SECTOR SOCIAL HEALTH INSURANCE PROGRAMME (PSSHIP)
INSTRUCTION, I) Use Biro Only, II) Write in Capital Letters, III) Any information not available NOW, write "NA"

Employee's Personal Data:

Surname	First Name	Middle Name
Date of Birth	Sex	Marital Status
	Blood Group	Hb Genotype
Occupation	Designation	Grade

Residential Address (Not P.O Box or P.M.B).....
Tel.....
Email Address:

Employer's Data:

Name: Telephone
Address:
Branch Town State

Primary Provider's Data (Hospital)

Health Insurance Plans

Name of Hospital:	Essential <input type="checkbox"/>
Hospital Code No:	Standard..... <input type="checkbox"/>
Address:	Silver <input type="checkbox"/>
E-mail Address:	Gold <input type="checkbox"/>
Branch: Town:	Platinum..... <input type="checkbox"/>

Medical History of Employee:

(Medication condition that has been diagnosed which can be life threatening to the individual)

A. Diabetes B. Epilepsy C. Sickle Cell Diseases D. Allergies

Others (Please specify)

One Spouse and Four Biological Children:

Spouse

First name	Sex	Age	Blood Group	Hb Genotype
Child 1				
First name	Sex	Age	Blood Group	Hb Genotype
Child 2				
First name	Sex	Age	Blood Group	Hb Genotype
Child 3				
First name	Sex	Age	Blood Group	Hb Genotype
Child 4				
First name	Sex	Age	Blood Group	Hb Genotype

Employee
Use gum to affix photograph

Spouse
Use gum to affix photograph

Child 1
Use gum to affix photograph

Child 2
Use gum to affix photograph

Child 3
Use gum to affix photograph

Child 4
Use gum to affix photograph

Employee's Signature..... Date