

ENROLLMENT INTO NHIS

NBA Affordable Health Plan



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graph LR; A((METHOD OF ENROLLMENT)) --- B[OFFLINE]; A --- C[USE OF FORM]
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METHOD OF
ENROLLMENT

OFFLINE

USE OF FORM

REQUIREMENTS FOR ENROLMENT INTO NHIS (NBA AFFORDABLE HEALTH PLAN)

PASSPORT PHOTOGRAPH

NIN

DEMOGRAPHIC INFORMATION

PHONE NUMBER/EMAIL ADDRESS

BLOOD GROUP/GENOTYPE

**CHOICE OF NHIS ACCREDITED HEALTHCARE
PROVIDER**



NATIONAL HEALTH INSURANCE SCHEME

.....Easy access to healthcare for all

Passport photograph

GROUP, INDIVIDUAL AND FAMILY SOCIAL HEALTH INSURANCE PROGRAMME (GIFSHIP) REGISTRATION FORM - GROUP (FILL IN CAPITAL LETTERS ONLY)

GROUP NAME: NIGERIAN BAR ASSOCIATION (NBA) AFFORDABLE HEALTH PLAN GROUP ID CODE:

STATE OF REGISTRATION: LOCATION (where applicable) NHIS HQ - FSD

SURNAME..... FIRST NAME..... MIDDLE NAME.....

GENDER (M/F) MARITAL STATUS (M/S) DATE OF BIRTH DD MM YYYY

STATE OF ORIGIN: LOCAL GOVT OF ORIGIN:

RESIDENTIAL ADDRESS.....

TOWN/CITY..... STATE:

PHONE No: EMAIL

NATIONAL IDENTIFICATION NUMBER (NIN)

BLOOD GROUP GENOTYPE:

HEALTHCARE FACILITY

HEALTH MAINTENANCE ORGANISATION (HMO) NNPC HMO

SIGNATURE:

OFFICIAL USE ONLY

REGISTRATION OFFICER DATE OF REGISTRATION:

GIFSHIP ID.....

(ONLINE REGISTRATION ONLY)

REMITA REFERENCE NUMBER (RRR).....

(ONLINE REGISTRATION ONLY)

Thank You

*Thank
You*

ADEDIWURA CHINWE
*Assistant General Manager
Formal Sector Department NHIS*

