



PREMIER MEDICAID (NIGERIA) LIMITED

(Health Maintenance Organisation)

ENROLLEE'S REGISTRATION FORM

RETAIL HEALTH INSURANCE SCHEME (RHIS)

INSTRUCTION: I) Use Biro Only, II) Write in Capital Letters, III) Any information not available NOW, write "N/A"

Enrollee'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:.....
 E-mail Address:.....

Employer's Data:

Name:.....
 Branch Address:.....
 Telephone (GSM):..... Town:..... State:.....

Primary Provider's Data: (Name and Town of Hospital Only)

Do not pick Secondary or Tertiary

Name of Hospital:.....
 Hospital Code No :.....
 Address:.....
 E-mail Address:.....
 Branch:..... Town:..... State:.....

Medical History of Enrollee:

(Medical condition that has been diagnosed which can be life threatening to the Individual)

- A. Diabetes B. Epilepsy C. Sickle Cell Diseases D. Allergies
 E. Hypertension F. Pregnancy

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 3cm x 3.5cm	Child 4 use gum to affix photograph
--	--	---	---	---	---

Enrollee's Specimen Signature:.....

Date:.....

Send to the nearest office of Premier Medicaid

Teller No:.....