



.....
SUB-METRO/DISTRICT MUTUAL HEALTH INSURANCE SCHEME
HOUSEHOLD/MEMBERSHIP APPLICATION FORM

Please print all information in CAPITAL LETTERS and use BLACK INK only

HOUSEHOLD IDENTIFICATION DATA

COMMUNITY/SUB AREA	DMHIS HOUSE CODE/HOUSE NO.	

PARTICULARS OF APPLICANT/ HOUSEHOLD HEAD

Surname	First Name	Other Name(s)
DATE OF BIRTH/AGE	GENDER/SEX (Check only one)	OCCUPATION
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

MARITAL STATUS (Please tick one)

Single
 Married
 Divorced
 Widowed

RESIDENTIAL ADDRESS/LOCATION

TEL. NO. 1:	TEL NO. 2:	E-MAIL:

MEMBER STATUS:

SOCIAL SECURITY MEMBER
 INFORMAL
 70+
 DEPENDANT
 INDIGENT

SOCIAL SECURITY MEMBER STATUS

CONTRIBUTOR
 PENSIONER
 SOCIAL SECURITY NUMBER

NAME OF CURRENT EMPLOYER & ADDRESS:

--

STATUS CATEGORY (Informal Sector ONLY)

CATEGORY A
 CATEGORY B
 CATEGORY C
 CATEGORY D
 CATEGORY E
 CATEGORY F

TOP-UP PREMIUM CATEGORY

NONE
 GREEN
 BLUE
 GOLD

SPOUSE/CHILDREN/DEPENDANTS

I hereby declare that the person(s) mentioned below is/are my Spouse/Children/Dependants.

NAME	AGE/DATE OF BIRTH	GENDER	RELATIONSHIP TO APPLICANT	DISABILITY (If Any)	NHIS NUMBER	PICTURE/PICTURE NO.

Please note that deliberately furnishing (or causing to be furnished) false information on this application form is a crime punishable by a fine or imprisonment or both under the Health Insurance Act 650 of the Republic of Ghana.

DECLARATION

I CERTIFY that the facts stated above are to the best of my knowledge true and accurate

	LEFT THUMB PRINT	RIGHT THUMB PRINT
Signature of Applicant		
Date		

WITNESSED IN THE PRESENCE OF:

Name of Agent/Scheme Officer	Signature & Stamp of Agent/Scheme Officer	Date

Please **DO NOT** write below this line

(FOR OFFICE USE ONLY)

STATUS CATEGORY (Informal Sector ONLY)	
<input type="checkbox"/> CATEGORY A <input type="checkbox"/> CATEGORY B <input type="checkbox"/> CATEGORY C <input type="checkbox"/> CATEGORY D <input type="checkbox"/> CATEGORY E <input type="checkbox"/> CATEGORY F	
NUMBER OF DEPENDANTS:	ASSESSED PREMIUM AMOUNT PAYABLE:
PAYMENT DETAILS	
TOTAL PREMIUM AMOUNT PAYABLE:	TOTAL AMOUNT PAYABLE:
TOP-UP PREMIUM AMOUNT PAYABLE (If any):	RECEIPT DETAILS:
TOTAL REGISTRATION FEE:	