



**SUB-METRO/DISTRICT MUTUAL HEALTH INSURANCE SCHEME**

**RENEWAL & UPDATE FORM**

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

PARTICULARS OF MEMBER/ HOUSEHOLD HEAD		
Surname	First Name	Other Name(s)
NHIS ID NUMBER	MARITAL STATUS (If different from previous)	OCCUPATION (If different from previous)
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
RESIDENTIAL ADDRESS/LOCATION (if different from previous):		
TEL. NO.1:	TEL NO.2:	E-MAIL:
MEMBER STATUS: <input type="checkbox"/> SOCIAL SECURITY MEMBER <input type="checkbox"/> INFORMAL <input type="checkbox"/> 70+ <input type="checkbox"/> DEPENDANT <input type="checkbox"/> INDIGENT		
SOCIAL SECURITY MEMBER STATUS: <input type="checkbox"/> CONTRIBUTOR <input type="checkbox"/> PENSIONER		SSNO:
NAME OF CURRENT EMPLOYER & ADDRESS (If different from previous):		
TOP-UP PREMIUM CATEGORY (if any): <input type="checkbox"/> NONE <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> GOLD		

**ADDITIONAL INFORMATION ON DEPENDANTS** (If any)

I hereby declare that the person(s) mentioned below are my Dependants.

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

_____ Signature of Applicant	<b>LEFT THUMB PRINT</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<b>RIGHT THUMB PRINT</b> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
_____ Date		

**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 VALID 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:	