



NHIB UNEMPLOYED ENROLLMENT FORM

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Member Name:				Effective Date:	
DOB (mm/dd/yyyy):		Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Occupation:		
Country of Birth:			NHIP #:		
Home Address:					
Area:					
Island:		Country:			
Phone:			Other Phone:		
E-Mail Address:					
Private Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insurer:		

TCI Status Card #:		Date From;	
NIB#:		Date From:	
Passport # / Country:		Date From/Thru:	
Driver's License # / Country:		Date From/Thru:	

Declaration by Unemployed: I, _____ (full name of applicant) declare that the information I have provided in this enrollment form is true and correct to the best of my knowledge and I make it knowing that if I have made any false or misleading statements I am liable to be prosecuted under the National Health Insurance Ordinance.

Signed by: _____ Date (mm/dd/yyyy): _____

Declaration by Unemployed: I, _____ (full name of applicant) hereby declare and understand that by registering as an unemployed person I am exempted from payment to NHIB for 18 months **ONLY**; after which a \$25 payment is due per month. This is in accordance with the National Health Insurance Ordinance.

Signed by: _____ Date (mm/dd/yyyy): _____

CONSENT TO RECEIVE AND RELEASE MEDICAL INFORMATION

I, _____ (full name of applicant), hereby give permission to the National Health Insurance Board to receive and release medical records or other information about my medical records to individuals who will be involved in the delivery of medical treatment to me. The authorization is indefinite while I am enrolled in the National Health Insurance Plan, unless I inform the National Health Insurance Board that I no longer authorize the disclosure of information.

Print Name: _____ Signature: _____

Date (mm/dd/yyyy): _____

FOR OFFICIAL USE:

RECEIVED BY: _____ DATE: _____

LABOUR DEPT. STAMP



NATIONAL HEALTH INSURANCE BOARD ENROLLMENT REQUIREMENTS

UNEMPLOYED ENROLLMENT

Please remit the following **along with** the completed enrollment form:

- ORIGINAL COPY OF PASSPORT PHOTO PAGE**

- ORIGINAL COPY OF DOCUMENT CONFIRMING LEGAL STATUS IN THE TURKS & CAICOS ISLANDS**
 - Turks & Caicos Islander Status
 - (i) Proof of Status (i.e. Turks & Caicos Islander Certificate/Stamp/Letter, TCI Status Card)

 - Resident Permit Holders (Persons married to Turks & Caicos Islanders)
 - (i) Resident Permit Card
 - (ii) "Spouse of Turks and Caicos Islander" stamp in Passport

 - Naturalization Certificate Holders
 - (i) Naturalization Certificate

- EVIDENCE OF EFFECTIVE DATE OF UNEMPLOYMENT**
 - Termination/Resignation Letter
 - Employment Contract (Contracted Workers)

- LABOUR DEPARTMENT VERIFICATION OF UNEMPLOYED STATUS**
 - Labour Department Stamp on Enrollment Form

Applicants are to submit **all** required documents upon registration.