National Health INSURANCE PLAN

NHIB VOLUNTARY CONTRIBUTOR ENROLLMENT FORM

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

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

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

Declaration by Voluntary Contributor: I, _____ 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 Voluntary Contributor: I, _____ hereby declare and understand that by registering as a voluntary contributor, a payment of $250 per month is due. I also understand that I am **ONLY** covered for medical services in the Turks & Caicos Islands. 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: _____

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NATIONAL HEALTH INSURANCE BOARD ENROLLMENT REQUIREMENTS

VOLUNTARY CONTRIBUTOR 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)
  - ☐ Permanent Resident Certificate Holders (with the right to work)
    - (i) Permanent Resident Certificate
    - (ii) Permanent Resident Stamp in Passport
  - ☐ Resident Permit Holders (Persons married to Turks & Caicos Islanders)
    - (i) Resident Permit Card
    - (ii) "Spouse of Turks & Caicos Islander" stamp in Passport
  - ☐ Naturalization Certificate Holders
    - (i) Naturalization Certificate

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