UNITED COMPREHENSIVE HEALTH MANAGERS LTD. Phone No: (+234) 84302265, Mobile No: 08033419470 e-mail:unichm2013@gmail.com

UNITED COMPREHENSIVE HEALTH MANAGERS LTD

<u>EMPLOYEE REGISTRATION FORM</u>

PRIVATE SECTOR HEALTH INSURANCE PROGRAMME (PSSHIP)
INSTRUCTIONS: i. Use Black Pen only. li Write in Capital Letter

1. <u>P</u>	ersonal Data						
L							
S	urname		Firs	t Name		Middle Name	
		/ -					
	arital Date of		Age Sex	National ID (Personal Number) GSM Number			
	tatus (DD MM YY) (M/F)						
	,						
Em							
			mail address				
2. Employer's Data							
Ν	Name of Company:						
	ocation Address:						
3. F	rimary Healthca	are Provider's D)ata				
(Code/No.		Name:				
4.41							
4. Alternative Healthcare Provider's Data							
С	ode/No. /	/	Name:				
							100)
5. Spouse & Biological Children (under the age of 18) The Alternative Healthcare Provider (only be selected for dependents that a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents that it is not a contract the selected for dependents the selected for dependent the selected fo							
	Surname should only be prov	vided if different from the Pri	ncipals'		patronise the		
	l. Spouse						
L					Sex (M/F)	/ / / /	
	First Name		Surname	2	Jex (IVI/I)	Date of Birth	Alt HCP
	li. Child 1				Sex (M/F)	/ / /	
			Surname			Date of Birth	Alt HCP
	First Name		Sumame	;			
	III. Child 2				Sex (M/F)	//	
L	First Name		Surnam	Surname		Date of Birth	Alt HCP
	First Name v. Child 3		Surname				
ſ							Alt HCP
	First Name						
	V. Child 4				Sex (IVI/I)	Date of Birth	Alt HCP
First Name Surname							
			01714	01710	017110	01714	
	Employee	Spouse	Child 1	Child 2	Child 3	Child 4	
	Use gum only to affix photograph	Use gum only to affix photograph	Use gum only to affix photograph				
	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	3cm x 3.5cm	
				_			
	Employee Signature				/	/	
			The course of the first	UCHM/PS	S	Date	
			Thumb print	3 3	_		