



# PREMIER MEDICAID (NIGERIA) LIMITED

(Health Maintenance Organisation)

## ENROLLEE'S REGISTRATION FORM (HCC1)

PRIVATE SECTOR SOCIAL HEALTH INSURANCE PROGRAMME (PSSHIP)

INSTRUCTION: I) Use Biro Only, II) Write in Capital Letters, III) Any information not available NOW, write "N/A"

### Employee's Personal Data:

Surname

First Name

Middle Name

Date of Birth

Sex

Marital Status

Blood Group

Hb Genotype

Occupation

Designation

Grade

Residential Address( Not P. O. Box or P. M. B.):.....

Tel:.....

E-mail Address:.....

### Employer's Data:

Name: **Unity Bank Plc**

Telephone:.....

Address:.....

Branch Office:..... Town:..... State:.....

### Primary Provider's Data: (Hospital)

Name of Hospital:.....

Hospital Code No : .....

Address:.....

E-mail Address:.....

Branch:..... Town:.....

### Health Insurance Plans

Diamond.....

Platinum.....

Gold.....

Silver.....

### Medical History of Employee:

(Medical condition that has been diagnosed which can be life threatening to the Individual)

A. Diabetes  B. Epilepsy  C. Sickle Cell Diseases

E. Allergies

Others (Please Specified):.....

### One Spouse and Four Biological Children:

#### Spouse

First name

Sex

Age

Blood Group

Hb Genotype

#### **Child 1**

First name

Sex

Age

Blood Group

Hb Genotype

#### **Child 2**

First name

Sex

Age

Blood Group

Hb Genotype

#### **Child 3**

First name

Sex

Age

Blood Group

Hb Genotype

#### **Child 4**

First name

Sex

Age

Blood Group

Hb Genotype

**Employee**  
use gum to  
affix  
photograph

**Spouse**  
use gum to  
affix  
photograph

**Child 1**  
use gum to  
affix  
photograph

**Child 2**  
use gum to  
affix  
photograph

**Child 3**  
use gum to affix  
photograph 3cm  
x 3.5cm

**Child 4**  
use gum to  
affix  
photograph

Employee's Signature:.....

Date:.....

**ONLY ONE COPY WITH PHOTOGRAPHS - TO HEAD OFFICE**

