



VIRGIN ISLANDS NATIONAL HEALTH INSURANCE EMPLOYEE REGISTRATION FORM

Form B

INSTRUCTIONS

Please use block letters. Proof of identification (i.e. birth certificate or passport) **must** be submitted. If name differs from that on birth certificate, proof of name change (i.e. deed poll, affidavit or marriage certificate) is required.

NOTE: An eligible employee with an eligible unemployed spouse pays the equivalent value of his/her premium for the unemployed spouse and must submit Form D (Unemployed Spouse's Declaration Form) in this regard.

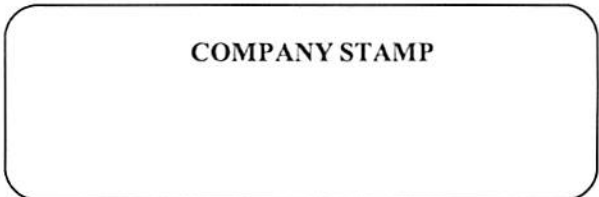
PERSONAL DATA (to be filled by employee)				
LAST NAME:		MAIDEN NAME:		
FIRST NAME:		MIDDLE NAME:		SEX: MALE <input type="checkbox"/>
		FEMALE <input type="checkbox"/>		
VALID I.D. NUMBER:		TYPE: PASSPORT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> BELONGER CARD <input type="checkbox"/>		
COUNTRY OF ISSUE:		EXPIRY DATE:		TELEPHONE NO. (S)
MAILING ADDRESS:				
PLACE OF BIRTH:		DATE OF BIRTH	DD	MM
			YYYY	
OCCUPATION		NHI MEMBERSHIP NUMBER (if previously registered)		
CIVIL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/>				
SPOUSE'S NAME:		DATE OF MARRIAGE	DD	MM
			YYYY	
SPOUSE'S EMPLOYMENT STATUS: EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/>				
EMPLOYMENT DATA (to be filled by employer)				
EMPLOYER'S NAME:				
COMPANY NAME:				
ADDRESS:				
DATE OF HIRE:				

We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

Employee's Signature Date

Employer's Signature Date

Designation.....



OFFICIAL USE ONLY	
Officer's Name:	Signature:
Registration Number Assigned:	
Date:	



VIRGIN ISLANDS NATIONAL HEALTH INSURANCE SYSTEM CHILD REGISTRATION FORM

Form C

INSTRUCTIONS

Please use block letters. Child's proof of identification (i.e. birth certificate, passport etc.) **must** be submitted. If name differs from that on birth certificate, proof of name change must be submitted. It is the parent's responsibility to verify that the information provided on this form is true and correct.

PARENT/GUARDIAN INFORMATION*					
LAST NAME:		MAIDEN NAME			
FIRST NAME:		MIDDLE NAME	SEX: MALE <input type="checkbox"/>		
		FEMALE <input type="checkbox"/>			
VALID I.D. NUMBER:		TYPE: PASSPORT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> BELONGER CARD <input type="checkbox"/>			
COUNTRY OF ISSUE:		EXPIRY DATE: DD/MM/YYYY			
MAILING ADDRESS:			TELEPHONE NO. (S)		
PLACE OF BIRTH:	BIRTH DATE	DD	MM	YYYY	
OCCUPATION:					
CIVIL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> COHABITATION <input type="checkbox"/> SEPARATED <input type="checkbox"/>					
SPOUSE'S NAME:		DATE OF MARRIAGE	DD	MM	YYYY
CHILD INFORMATION					
LAST NAME:		MIDDLE NAME:			
FIRST NAME:		SEX: MALE <input type="checkbox"/>			
		FEMALE <input type="checkbox"/>			
BIRTH CERTIFICATE NUMBER:		PASSPORT NUMBER:			
PLACE OF BIRTH:	BIRTH DATE	DD	MM	YYYY	
SCHOOL ATTENDING:					

* To be filled by parent, legal guardian or Manager of the Rainbow Children's Home as applicable.

I/We hereby apply for registration of this child under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.

Parent's/Guardian's Signature Date

Parent's/Guardian's Signature Date

OFFICIAL USE ONLY	
Officer's Name:	Signature:
Registration Number Assigned:	
Date:	