

EHIS SPONSOR STAFF ENROLLMENT FORM

All Fields with Asterix (\*) are Required

Titles\*:.....

First Name\*:.....

Other Names: .....

Surname\*: .....

Date of Birth (Day/Month/Year)\*:.....

Gender\*: Male/Female

Marital Status\*: Divorced/Married/Separated /Single/Widow(ed)

Blood Group\*:..... Genotype\*: .....

Underlying Medical Conditions: Hypertension/Stroke/Arthritis/Diabetes Mellitus/Asthma/Sickle Cell Disease

Other Medical Conditions: .....

.....

Health Care Facility (Only Accredited EHIS Facility. Please Consult Desk Officer)\*:

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Healthcare Plan\*:.....

CONTACT MECHANISM

Telecommunications:

Primary Phone\*: (+234)..... Alternate Phone: (+234).....

Home Phone: (+234)..... Work Phone: (+234).....

Electronic:

Primary E-Mail: .....

Alternate E-mail .....

Work E-Mail: .....

Website: .....

Facebook: .....

Twitter: .....

POSTAL ADDRESS

Home Address\*: .....

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State\*:..... Local Government\*: .....

