



EDO STATE HEALTH INSURANCE COMMISSION

6th & 8th Floor, Block C, Secretariat Buildings

Sapele Road, Benin City



ENROLLMENT FORM

PLEASE FILL ALL FIELDS WITH CAPITAL LETTERS

NAME OF ORGANISATION (Optional):

OFFICE ADDRESS:

OFFICE LGA:

DATE OF REGISTRATION:

PERSONAL INFORMATION

FIRST NAME:

MIDDLE NAME:

SURNAME:

MARITAL STATUS.....SEX: MALE FEMALE

DATE OF BIRTH: __ / __ / __ (Day/ Month/ Year) RELIGION:

OCCUPATION: NIN (Optional):

HEALTH PLAN: AMOUNT PAID:

CONTACT INFORMATION

RESIDENTIAL ADDRESS:

L.G.A OF RESIDENCE: WARD:

PHONE NUMBER: EMAIL ADDRESS:.....

MEDICAL INFORMATION

GENOTYPE:BLOOD GROUP:

ALLERGIES:

ANY PREVIOUS HEALTH CONDITIONS? YES NO

IF YES, STATE CONDITION(S).....

HOW DID YOU FIND OUT ABOUT US? RADIO/TV SOCIAL MEDIA MARKET STORM

STAFF GETFIT EVENT WEBSITE A FRIEND BILLBOARD

EDOHIS ID CARD: PHYSICAL CARD VIRTUAL CARD