



# THE UNITED REPUBLIC OF TANZANIA THE NATIONAL HEALTH INSURANCE FUND(NHIF)

## MUTUAL MEMBER REGISTRATION FORM

Form NHIF 1D Regulation 4 (1a)

Form Status ( Put  )     New     Additional     Renewal     Correction     Lost

### SECTION 1 - MEMBERS PHOTOS (Colored Passport size photograph must be attached here)

**Contributing Member  
01**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

NHIF Number/  
Membership No.   

Check/PF Number    \_\_\_\_\_

ID Number    \_\_\_\_\_

( Put  )     National ID     Passport     Driving Licence     Voter ID

**Spouse  
02**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

**Dependant 1  
03**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

**Dependant 2  
04**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

**Dependant 3  
05**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

**Dependant 4  
06**

PHOTO  
4.5 x 3.5 cm  
1.78 x 1.38 Inch

### SECTION 2 - PRINCIPAL MEMBER DETAILS (Member to Fill all the items)

<p>First Name <input style="width: 100%;" type="text"/></p> <p>Middle Name <input style="width: 100%;" type="text"/></p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>Date of Birth    <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Marital Status    <input type="checkbox"/> Married    <input type="checkbox"/> Single    <input type="checkbox"/> Divorced    <input type="checkbox"/> Widow(er)    ( Put <input checked="" type="checkbox"/> )</p> <p>Gender    Male <input type="checkbox"/>    Female <input type="checkbox"/></p> <p>Date of joining the group    <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Date of Joining Fund    <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Physical Address <input style="width: 100%;" type="text"/></p> <p>District <input style="width: 100%;" type="text"/></p> <p>Postal Address <input style="width: 100%;" type="text"/></p> <p>Mobile No <input style="width: 100%;" type="text"/></p> <p>Email address <input style="width: 100%;" type="text"/></p>
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### SECTION 3 - DEPENDENTS DETAILS (Member to Fill all items)

	Name of Dependants	Sex		Date			Relationship		
		Male	Female	Date	Month	Year	1-Spouse	2-Child	3-Parent
02	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION 4 - MEMBER CERTIFICATION

I certify that the above information is correct and I will be held accountable

Name     Signature     Date  /  /

## TERMS AND CONDITIONS

1. Registered dependents are strictly confined to spouse, children under the age of 18 years and parents of the principal member or legal spouse only;
2. Member shall make annual contributions before commencement of access to medical services;
3. Membership identification cards shall be issued on annual basis upon to fulfillment of terms and conditions;
4. Member shall return to the Fund all Membership Identification Card(s) upon expiring of his/her membership to the Fund;
5. Member shall ensure that Membership Identification Cards are kept safely and not misused. Legal measures shall be taken upon misuse including suing;
6. Member shall be able to access medical services after 21 days from date when contribution was received by the Fund and dully filled membership registration forms;
7. All issued cards for dependents shall bear the same expiry date of principal member;
8. The Fund shall provide the following benefits package to beneficiaries; Registration/Consultation fees, Out patients care, Inpatient hospital care, Investigation test, Surgical and procedure services, Medicines, Spectacles and Medical and Orthopedic Appliances;
9. The following services shall be accessed by a members during second phase of his/her membership to the Fund(after 1 year)
  - i. Dialysis services
  - ii. Anti-cancer medicines
  - iii. Immunosuppressant's/Immune stimulants
  - iv. Advanced cardiac services
  - v. Intraocular Coherence Tomography
  - vi. Complex Implants for TKR, THR and Spine
  - vii. Few selected medicines
  - viii. Medical and Orthopedic Appliances
  - ix. Radiotherapy
  - x. Spectacles
  - xi. Orthodontic appliances
  - xii. Varicose stocking
  - xiii. Polypropylene Mesh
  - xiv. MRI
  - xv. CT-Scan
10. Spectacle benefit shall be provided only to principal member;
11. Membership to NHIF shall be construed in accordance with the National Health Insurance Fund Act CAP 395 RE 2015 and its Regulations of 2002.

Dedicated to providing quality health Care