

5. User Guidelines

- 5.1. Users will only be given sufficient rights to the systems to enable them to perform their job function. User rights will be kept to a minimum at all times.
- 5.2. Users requiring access to systems must make fill and submit user access form NHIF. Where possible no person will have full rights to any system.
- 5.3. Users' access to the information system shall be controlled by the authentication server. Access to the network/server and systems will be by individual user account.
- 5.4. Usernames and passwords must not be shared by users, written down or instruct browser to remember or store username and password. Usernames will consist of initial(s) and surname. All users will have an alphanumeric password of at least 8 characters.
- 5.5. Passwords will expire every 90 days and must be unique and should not be one of the five previous passwords. Intruder detection will be implemented where possible. Default passwords on all systems must be changed. The user account will be locked after 3 incorrect attempts and will be unlocked by the administrator.
- 5.6. User is obliged to access NHIF systems at his/her duty station and within assigned working hours only
- 5.7. In the event the User leaves the department or the employer, the relevant authority will notify NHIF to remove the employees' rights to relevant or all systems within 24 hours.
- 5.8. Auditing will be implemented on all systems to record login attempts/failures.
- 5.9. User will be accountable with any misconduct, professional negligence and fraudulent practices relating with access rights assigned and may be subjected to disciplinary action, civil litigation and/or criminal offence or combination of both.

6. Declaration

I, declare that the above information are correct and true to the best of my knowledge and I have read, understood and agree to abide by the attached guidelines.

Applicant signature..... Date:

Supervisor:..... Signature.....Date:

7. Management Recommendation And Approval

I have agreed with this request and I recommend as requested.

Name:.....Designation.....Date:

Signature: Official Stamp.....