

HEALTHCARE SECURITY LIMITED
ADDITIONAL DEPENDENT
 In collaboration with National Health Insurance Scheme



1. PERSONAL DATA:

Name												Date Of Birth			
E-Mail												Age		Marital Status	
State of posting						Phone No. (GSM)						Sex			

2. Employer's Data: Name

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Location/Address

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3. Health Care Facility Data (HOSPITAL):

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Name of Facility (HOSPITAL)

4. Healthcare Plans:

Budget Budget Plus Standard Executive

5. Medical History of Significance:

A. Diabetes B. Epilepsy C. Hypertension D. Sickle Cell Disease E. Allergies F. Asthma

6. Additional Dependent: Spouse or Biological Children:

Add Dependent Remove Dependent

Use gum only to Affix Photograph Passport 3cmx3.5cm

Name											
Sex		Date of Birth									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
A	B	C	D	E	F						

Use gum only to Affix Photograph Passport 3cmx3.5cm

Name											
Sex		Date of Birth									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
A	B	C	D	E	F						

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A	B	C	D	E	F						

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Employee Signature

Date