

THE NATIONAL HEALTH INSURANCE MANAGEMENT AUTHORITY

FORM IV
(Regulation 6 (1))The National Health Insurance Act, 2018
(Act No. 2 of 2018)

The National Health Insurance (General) Regulations, 2019

APPLICATION FOR REPLACEMENT OF MEMBERSHIP CARD

INSTRUCTIONS

1. Complete this form in one (1) copy.
2. Complete the applicable portions to be changed only.
3. Type or print all entries in BLOCK/CAPITAL LETTERS.
4. This form shall be submitted to any of the following:
 - (a) The Employer, if employed;
 - (b) The Pension Scheme Manager, if retired;
 - (c) On-line;
 - (d) Head Office of the National Health Insurance Management Authority; or
Any other institution designated by the Authority

Check appropriate box only:

Reason for Card Replacement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOST	DAMAGED/DEFACED	STOLEN	OTHER

Membership Number:

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Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Received by: _____ Date: _____
