

Beneficiary Enrolment Form

KEEPING YOUR INFORMATION CONFIDENTIAL

The information that you will provide is for the purposes of determining your eligibility for the National Health Insurance (NHI) Programme facilitating enrolment and for purposes connected with the NHI Programme. Enrolment will require the National Health Insurance Authority (NHIA) to request data and/or information from the National Insurance Board (NIB) using the National Insurance Number provided in your application. By checking “Accept” you agree to the NHIA requesting data and/or information from NIB for the purposes of determining your eligibility for the National Health Insurance (NHI) Programme, facilitating enrolment and for purposes connected with the NHI Programme and further you are providing your consent to NIB for NIB to release the information unto NHIA. The information received will be treated as strictly confidential and the NHIA will fully comply with the respective data privacy laws and policies.

The information you provide during enrolment is needed to document your enrolment in the National Health Insurance Programme. The principal use of this information will be to:

- Identify your enrolment in the Programme;
- Verify your eligibility for health benefits services, and
- Coordinate payment of claims for benefits rendered under the Programme.

Please review the disclaimer above. You must check “Accept” before you can proceed. If you have any questions or disagree with the above, contact NHI Bahamas at info@nhibahamas.gov.bs.

I accept the conditions as laid out in the Enrolment Disclaimer above.

INSTRUCTIONS

1. What you need to submit the form:

- a An NIB Smart Card.
- b Proof of Bahamian citizenship or legal residency.*
- c Proof of residency in The Bahamas for the last 6 months.*
- d Private insurance policy group ID number and Member ID number (if you have one).
- e Your top 3 Primary Care Provider choices.

*Details available on www.nhibahamas.gov.bs

2. Complete the form, sign and date, and return to your local enrolment office, together with your supporting documents. You will have to submit a separate application form for each child and any other legal dependents. Please print clearly.

DEPENDENT DECLARATION

This section is for you to declare yourself as a dependent (as defined by the NIB) or as a parent/guardian filling out this form on behalf of your dependent

If you are either a dependent or a parent/guardian filling out this application on behalf of your dependent, please check “Yes” below. If not, please select “No”. (REQUIRED)

Yes No

If you selected “Yes” above, please list the parent/guardian’s National Insurance Number(s) below:

National Insurance Number #1 (REQUIRED)

National Insurance Number #2

APPLICANT’S PERSONAL INFORMATION

National Insurance Number (REQUIRED)

Date of Birth (DD/MM/YYYY) (REQUIRED)

Male

Female

Name must be entered exactly as it appears on your NIB Smart Card.

First Name (REQUIRED)

Middle Name

Last Name (REQUIRED)

Island of Residence (REQUIRED)

CONTACT INFORMATION

Please indicate your preferred contact method.

Please select one option. (REQUIRED)

Phone Email

Please provide at least one phone number and specify whether it is a mobile, home or work number.

Primary Phone Number
(REQUIRED)

Choose one (REQUIRED)

Mobile Home Work

Secondary Phone Number

Choose one

Mobile Home Work

Residential Address

House or Apartment #
City/ Town/ Village
Island

Street Name

Country

What is your preferred time to be contacted for each number?

You may select multiple options.

Morning
(9am–12pm)

Afternoon
(12pm–5pm)

Evening
(5pm–8pm)

Morning
(9am–12pm)

Afternoon
(12pm–5pm)

Evening
(5pm–8pm)

Please indicate if you consent to receive SMS messages to your mobile phone.

Messages may include information about NHI Bahamas. If you do not consent, you will receive the information through other means. Note that standard text message rates will apply if you select “Yes”.

Please select one option. (REQUIRED)

Yes No

Email addresses will be used to send you a confirmation receipt with a Submission ID and to allow access to an online portal. When available, you will receive an email to activate your account to access this portal.

Email Address

PRIVATE HEALTH COVERAGE

Do you currently have private health insurance?

Please select one option. (REQUIRED)

Yes No

If you selected "Yes" to the question above, please complete the remaining fields on this page.

Please note this section is for the purpose of coordination of benefits. NHI Bahamas may liaise with your insurance carrier to verify this information.

Name of Insurance Carrier/Company (REQUIRED)

Type of Insurance

Please select one option. (REQUIRED)

Group Individual

Group ID Number (REQUIRED)

Member ID Number (REQUIRED)

PROVIDER SELECTION AND RANKING

Please provide your ranking for 3 Providers in order of preference.

For more information on the Providers eligible to provide NHI Bahamas services, refer to the list located at www.nhibahamas.gov.bs/enrol and available in person at the enrolment locations.

Preference #1: Island (REQUIRED)

Provider Facility

Physician Selection

Preference #2: Island (REQUIRED)

Provider Facility

Physician Selection

Preference #3: Island (REQUIRED)

Provider Facility

Physician Selection

CONSENT AND SUBMISSION

Are you filling out this form for yourself or on behalf of another applicant?

Please select one option. (REQUIRED)

Myself On behalf of another

If you are applying on behalf of another person, please provide your information below.

Relationship Type to Applicant (if filling out on behalf of another)

Please define (i.e Parent, Guardian, Caretaker, Other)

National Insurance Number

Date of Birth MM/DD/YY

Name must be entered exactly as it appears on your NIB Smart Card.

First Name (REQUIRED)

Middle Name

Last Name (REQUIRED)

Consent Statements

- I am authorized to provide consent on behalf of the person I am filling out this application for (only for Parent/Guardian or Caretaker)
- I verify that the information provided is up-to-date, true and accurate.
- I acknowledge that I have read and understand the NHI Bahamas Data Privacy Policy or I confirm that the contents above were read to me by an authorized person, if necessary. (You can find a copy of the NHI Bahamas Data Privacy Policy on our website.)
- I consent to my personal and health information being collected, used, and disclosed for NHI Bahamas programme purposes, in accordance with NHI Bahamas Data Privacy Policy.
- I consent to NHI Bahamas accessing my NIB account for purposes of verifying my identity and determining eligibility. NHI Bahamas will only have access to view my NIB account and will not make any changes to my account information.

Signature

Date
