



NATIONAL PENSIONERS ASSOCIATION FORM



Complete all details requested (please print clearly)

Part 1: Personal Details Of Member	Part 2: NHIS Membership Card Details
Membership Number :	Join Date :
Serial Number :	Expiry Date :
Surname (<i>please Specify</i>)	First Name:
Date of Birth	Other Name(s)
Postal Address	Contact Number (1)
Residential Address	Contact Number (2)
Region	NPA (SSNIT) Membership Number
District	Social Security Number
Locality	Emergency Contact (Name)
	Emergency Contact (Telephone)

PART 3 DECLARATION OF MEDICAL HISTORY

Please answer all the following: (V)

	Yes	No
1. Are you expecting to undergo any procedures or operations during the next 12 months?		
2. Are there any past or present diseases, accidents, operations or any other conditions for which advice had been sought or treated during the past 5 years?		
3. Do you suffer from any ailment or disease at present?		
4. Do you have any physical (including dental and optical) abnormality, deformity, handicap or defect, whether congenital or as a result of an accident, disease or some other cause ?		
5. Have you received counseling for or treatment of substance abuse?		
6. Have you ever been treated for:		
any illness, disorder, disability or accident which required hospitalization, specialist, radiological, surgical or pathological investigations during the past 5 years;		
any tropical disease, e.g. billharzia;		
cancer, growth or tumor of any kind;		
diabetes, sugar in urine, thyroid or other glandular or blood disorder; disorder or disease of muscles, bones, joints, limbs, spine e.g., rheumatism, arthritis, gout, slipped disc or other back trouble;		
ear, eye, nose or throat disorder, e.g. ear discharge, defective vision, recurrent tonsillitis; any nervous or mental complaint e.g. epilepsy, black-outs, paralysis, anxiety state or depression;		
diseases or disorder of kidneys, bladder or reproductive organs, e.g. albumin in urine, stones, prostatic, pancreatitis or venereal diseases;		

Peace of Mind.....Always.

any disorder of the digestive system, gall bladder or liver, e.g. actual or suspected gastric or duodenal ulcer, recurrent indigestion or hiatus hernia;		
any respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis; high blood pressure or disease of the blood vessels or circulatory disorder;		
any disorder of the heart e.g. rheumatic fever, heart murmur, coronary artery disease, chest pains, shortness of breath or palpitations?		
7. Do you suffer from any form of allergy ?		
If you answered "Yes" to any of the above, please provide full details in the space provided below. (if space is insufficient, please complete on a separate sheet)		

Part 4 Declaration

I CERTIFY that the facts stated above are to the best of my knowledge true and accurate

Signature/Thumbprint of Applicant	Date
Witness (Name and Signature of Local Executive)	Date

Part 5 Official Use Only

Name of Relationship Officer	
Signature	Date
Policy Number of NPA Member	

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