

NATIONAL HEALTH INSURANCE FUND ACT

(No. 9 of 1998)

IN EXERCISE of the powers conferred by section 14A of the National Health Insurance Fund Act, the Cabinet Secretary for Health, in consultation with the National Health Insurance Fund Board of Management, makes the following Regulations—

THE NATIONAL HEALTH INSURANCE FUND (MEMBER REGISTRATION) REGULATIONS, 2022

Citation. **1.** These regulations may be cited as the National Health Insurance Fund (Member Registration) Regulations, 2022.

Interpretation. **2.** In these Regulation unless the context otherwise requires—

“Act” means the National Health Insurance Act;

“health care provider” has the same meaning assigned under section 2 of the Act;

“national population data base” means National System for registration for all persons residing in Kenya

Object. **3.** The Object of this Regulations is to ensure that every person who has attained the age of eighteen years and resident in Kenya is registered as a member of the Fund.

Registration of persons not specified as beneficiary. **4.** (1) Every person who is not specified as a beneficiary shall be registered as a member to the Fund.

(2) The person referred to in sub-regulation (1) shall apply for registration with the Fund by filling the Registration Form set out in the Schedule.

(3) Where the Fund has verified the accuracy of the information specified in the application made under sub-regulation (2) the Fund may issue to the applicant a National Health Insurance Fund Member number.

(4) A person who makes an application under sub-regulation (2) shall provide the person’s biometric data to the Fund at the point of registration. Where the application is filled online, the person shall avail themselves to provide biometric registration at the nearest National Health Insurance Fund service point.

(5) The Fund may reject an application made under sub-regulation (2) where the applicant has—

- (a) not provided the requisite information, documentation; or
- (b) provided erroneous information or documentation.

(6) The Fund shall notify a person who makes an application under sub-regulation (2) of the acceptance or rejection of the application within thirty days thereof.

(7) Where the notice issued under sub-regulation (6) relates to the rejection of the application for registration, the Fund shall specify the required information or documentation that is required for the acceptance of the application in the notice.

Access to national database.

5. The Fund shall utilize the existing National Population Data bases linkages for purposes of mobilizing registration to the Fund.

Amendment of beneficiary details.

6. (1) A Member may remove and or replace a spouse as a beneficiary in the case of a divorce or death of the spouse by filling the Amendment form under schedule 2.

(2) A Member who request for removal under sub regulation (1) above shall provide the following;

- a) in the case of a divorce a divorce certificate and
- b) in the case of death a death certificate

Deregistration of Member.

7. (1) The Fund shall deregister a person as member upon the death of the person.

(2) The Fund shall re allocate contributions for a deregistered person to the surviving spouse who is a declared beneficiary.

(3) Where a deregistered person has no surviving spouse and has pre-paid contributions, the beneficiaries shall continue to access benefits until the end of the period for which the contributions have been paid.

Penalty.

8. A person who does not register as a member commits an offence and shall, be liable to a penalty not exceeding twenty thousand shillings.

SCHEDULE

REGISTRATION FORM

(r. 4(2))

Tick where applicable

Employed **Self Employed** **Sponsored**
Unemployed

Tick where required **Registration**
Note:

- 1. Attach Copies of National Identity Car/Alien ID/Passport for both contributor and spouse where applicable.**
- 2. Please attach a copy of Birth Certificate for each child. For children under six (6) months, a birth notification is acceptable (only for contributors declaring their dependents for the first time) Certificate of disability from National Council of Persons with Disability (where applicable), adoption certificate or guardianship certificate (where applicable)**

PART I: MEMBER REGISTRATION DETAILS

Surname:
Other Names:
National I.D/Passport/Alien I.D No.:
Date of Birth (DD/MM/YYYY):
Gender.....
Employer/Self Employed Details.....
SponsorName :
Mobile No.:
Email Address:
Place of Residence (county):
sub county:
Postal Address:
Post Code:



PART II: SPOUSE DETAILS

Surname:
Other Names:
National I.D./Passport/Alien I.D. No.:
Date of Birth (DD/MM/YYYY):
Gender:.....
Mobile Phone No.:

Note: Attach copy of the Marriage Certificate or Affidavit of Marriage

PART III: CHILDREN DETAILS

	Name of Child	Date Of Birth					
		Date	Month	Year	Gender		
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							
Child 6							
Child 7							
Child 8							

APPLICATION **FOR AMENDMENT/UPDATES**

PART I: To be completed by the member

- a) Member Name:.....
- b) Member No:..... I.D No.....
- c) Postal Address:..... Postal Code:.....
- d) Telephone No:..... Email:.....
- e) Requested Changes:

REQUIREMENTS

To change , remove or insert the name of a spouse the following documents must

- Copies of I.D cards for Member and Spouse.
- Marriage Certificate or Affidavit
- Divorce Certificate/ Affidavit or Death Certificate

NB:

In case of change of wife / husband the new spouse will only access benefits after amendment is done

PART II: CHILDREN'S PARTICULARS

Name of Child	Date of Birth			Ge
	Date	Month	Year	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please attach copies of Birth / Adoption Certificate.

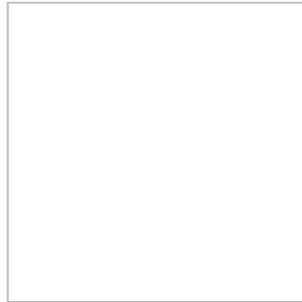
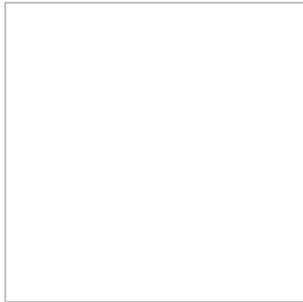
Birth Notification is only acceptable for children below 6 months.

NHIF 26

PART III: PHOTOGRAPHS

Revised 2018

name of the person below as appropriate.

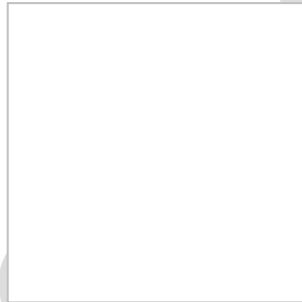
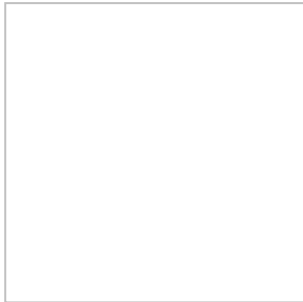


Spouse Name

Child's Name

.....

.....



Child's Name

Child's Name

.....

.....

In case the family has more than five (5) children kindly use / attach another form **PART III** for the additional beneficiaries.

PART IV: Certification

I certify that the information provided above is correct to the best of my knowledge.

Name of Contributor..... Sign

For official user only

1. Receiving Officer _____ Sign _____

2. Verification Officer _____ Sign _____

Please attach colored passport size photographs for each of the person named in **PART I and II**, indicate the

3. Amending Officer _____ Sign
_____ Date _____

4. Photo processing Officer _____ Sign
_____ Date _____

* The receiving, verifying and amending officers should confirm that the application is in order and that the member has presented it in person before processing the request.

Made on the 2022.

MUTAHI KAGWE,
Cabinet Secretary for Health.