



Afya Yetu. Bima Yetu

**NATIONAL HOSPITAL INSURANCE FUND**

P.O. Box 30443, NAIROBI

Tel: 020 2723281/82

Email: [customercare@nhif.or.ke](mailto:customercare@nhif.or.ke)

Website: [www.nhif.or.ke](http://www.nhif.or.ke)

**APPLICATION FOR AMENDMENT/UPDATES**

**PART I: To be completed by the principal member who should be present in person in case of declaration/change of spouse details**

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

**REQUIREMENTS**

To change / insert the name of a spouse the following documents must be included:-

- Copies of I.D cards for Member and Spouse (Copies should be certified / endorsed by member).
- Marriage Certificate or Affidavit from Magistrates Court or from an advocate who is a Commissioner of Oaths, confirming relationship (Copy should be certified / endorsed by the member)

**NB:**

In case of change of wife / husband the new spouse will only access benefits after 28 days from the date amendment is done

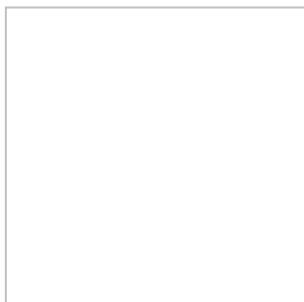
**PART II: CHILDREN'S PARTICULARS**

Name of Child	Date of Birth			Gender (M/F)	Birth Certificate No. Notification No. Adoption Cert. No.
	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.

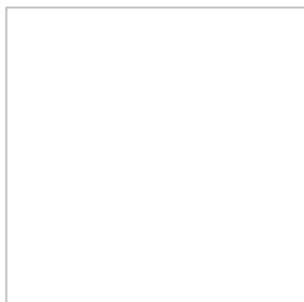
### **PART III: PHOTOGRAPHS**

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



Spouse Name

.....



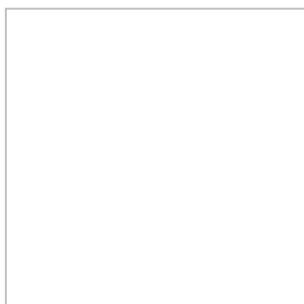
Child's Name

.....



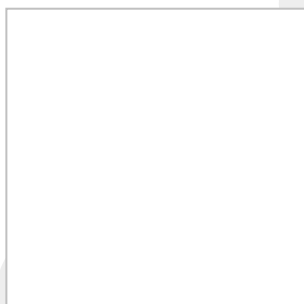
Child's Name

.....



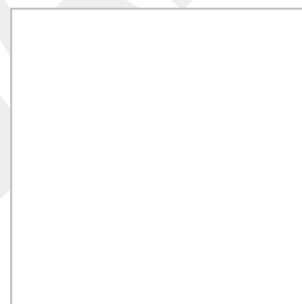
Child's Name

.....



Child's Name

.....



Child's Name

.....

In case the family has more than five (5) children kindly use / attach another form (NHIF 26) and complete **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..... Date.....

### **For official user only**

1. Receiving Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

2. Verification Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

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.