

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 (CONTRIBUTOR
REGISTRATION) REGULATIONS, 2022**

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

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

“Act” means the National Health Insurance Act;

“biometric” means a unique identifier or attribute including a fingerprint, hand geometry, earlobe geometry, retina or iris pattern, voice wave, in a digital form;

“Fund” has the meaning assigned to it in section 2 of the 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; and

“service point” means any of the branches of the Fund, a public health facility and any place where the services of the Fund are provided by the Fund.

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 contributor 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 contributor 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 registration number.

(4) A person who makes an application under sub-regulation (2) shall provide the person's biometric data to the Fund at the nearest 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 of the application or any clarification sought, within fourteen days after the date when the application was made.

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

Access to benefits.

5. A person whose application for registration is accepted under regulation 4 shall only access a benefit of the Fund sixty days after the date of the acceptance.

Access to national database.

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

Amendment of beneficiary details.

7. (1) A contributor may amend the details of a spouse as a beneficiary by submitting to the Fund the amendment Form set out in Second Schedule.

(2) A contributor who requests for an amendment referred to in sub-regulation (1) shall provide the following—

- (a) in the case of a divorce, a divorce decree;
- (b) in the case of death, a death certificate;
- (c) a decree declaring the presumption of the death of a spouse;
- (d) a decree of annulment; or
- (e) a decree of divorce or annulment obtained in a foreign country and recognized in Kenya under the Marriage Act.

(3) A contributor who makes an application referred to in sub-regulation (1) may use an affidavit of dissolution of marriage to delete the details of a spouse where the contributor specified the spouse before the commencement of the Marriage Act.

(4) A contributor may include more than one spouse under the cover of the contributor.

Deregistration of contributor.

8. (1) The Fund shall deregister a person as a contributor 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.

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 Card/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: CONTRIBUTOR REGISTRATION DETAILS

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

**PASSPORT
PHOTO OF
CONTRIBUTOR**

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: Indicate details of additional spouses, if applicable.

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 | | | | | | |

| | | | | | | | |
|----------|--|--|--|--|--|--|--|
| Child 9 | | | | | | | |
| Child 10 | | | | | | | |

CONTRIBUTOR: :



.....
.....
.....

PART IV: DECLARATION:

I hereby declare that the above information is true and correct to the best of my knowledge.

Name of Contributor.....

Sign Date

Official Rubber Stamp

FOR OFFICIAL USE ONLY

1. Receiving Officer _____

Sign _____ Date _____

2. Data Capture Officer _____

Sign _____ Date _____

3. Approving Officer _____

Sign _____ Date _____

NHIF No.....

Employer/Sponsor Code.....

SCHEDULE 2

AMENDMENT FORM

NATIONAL HEALTH INSURANCE FUND

APPLICATION FOR

AMENDMENT/UPDATES

PART I: To be completed by the member

- a) Member Name:.....
- b) Member No:..... ID 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 documen

- 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 benef amendment is done

PART II: CHILDREN'S PARTICULARS

| Name of | Date of | | |
|---------|---------|------|-----|
| | Dat | Mont | Yea |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

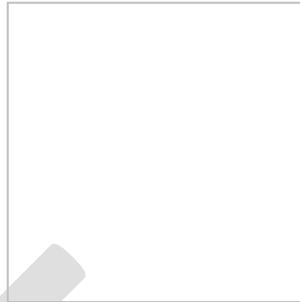
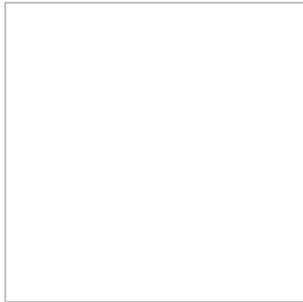
Please attach copies of Birth / Adoption Certificate.
Birth Notification is only acceptable for children below 6 months.

NHIF 26

PART III: PHOTOGRAPHS

Revised 2018

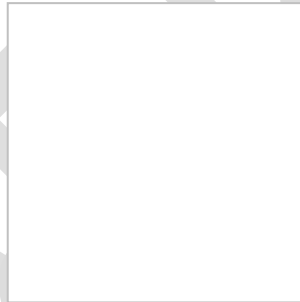
name of the person below as appropriate.



Spouse Name

Child's

.....



Child's

Child's

.....

In case the family has more than five (5) children kindly use / attach another **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 contributor has presented it in person before processing the request.

Made on the 2022.

MUTAHI KAGWE,
Cabinet Secretary for Health.

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