

REGISTRATION FORM

PRINCIPAL	SPOUSE	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side	Place a passport photograph here and print name on the reverse side

Company Name: _____ **Division (if any):** _____

Plan type (Please tick appropriate box below)

HyDeal
 HyLite
 HyBrid
 HyValue
 HyEnhanced
 HyLeague

Alternate/Staff ID: _____

Cover type (Please tick below as appropriate)

Staff
 Staff & Spouse
 Staff, Spouse & Dependant

Staff Details: KINDLY FILL INFORMATION IN BLOCK LETTERS

Surname _____

First Name _____

Other Name _____

Date of Birth _____ (dd/mm/yyyy)

Marital Status _____ **Gender:** _____ (M/F)

Mobile _____

Email _____

Residential Address _____

Spouse Details:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ (dd/mm/yyyy)

Marital Status _____ **Gender:** _____ (M/F)

Mobile _____

Email _____

Residential Address _____

Dependant Details 1:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ (M/F)

Dependant Details 2:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ (M/F)

Dependant Details 3:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ (M/F)

Dependant Details 4:

Surname _____

First Name _____

Other Name _____

Date of Birth _____ **Gender:** _____ (M/F)

Preferred Hospital _____

*Hygeia HMO shall be at liberty to review, change and amend the list of its network providers/hospitals (including an Enrollee's preferred hospital) from time to time without prior recourse to the Enrollee. Should this occur, Enrollees will be contacted to opt for another preferred hospital.

DATA SUBJECT CONSENT STATEMENT

I hereby confirm that I have the legal capacity to give consent and hereby voluntarily grant my consent to Hygeia HMO Limited (Hygeia) and its duly appointed representatives, authority to access, retrieve, process, store, transfer as well as use for any legitimate and lawful purpose, my personal and/or medical information including all relevant data envisaged by the extant law including but not limited to the Nigerian Data Protection Regulation (and any amendment thereto) solely for the purpose of carrying out their duties and responsibilities as my health insurance Company. I confirm that I am aware of my rights, abilities and method to withdraw my consent herein at any time by notifying Hygeia HMO in writing and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same. In addition, I hereby grant same consent to Hygeia HMO on behalf of all my dependant(s) who are minors and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same or such a time when my dependent each personally withdraws same after

Staff's Signature & Date: _____ **HR Representative's Signature & Date:** _____