



TSC MEDICAL SCHEME - MEMBER REGISTRATION FORM



EMPLOYEE DETAILS

Employee Name:	TSC Personnel No:
Gender:	Job Group:
Employee Date of Birth:	Current work Station:
Email Address:	National ID No:
Mobile / Cell Phone No:	NHIF No:
Date of Entry into Service:	P.O. Box No:
Your current County of Residence:	Current County of Residence of your Family:

SPOUSE DETAILS

Name (Adult):	Gender:
National ID No:	Date of Birth:
Mobile / Cell Phone No:	

DETAILS FOR BIOLOGICAL / LEGALLY ADOPTED DEPENDANT CHILDREN

NAME	GENDER	RELATIONSHIP	D.O.B

NEXT OF KIN DETAILS

Name:	Mobile / Cell Phone No:
Relationship:	National ID No:
If Minor, Give Name & details of Guardian:	

BANK ACCOUNT DETAILS | (Please Provide payroll bank details)

Bank Name:
Bank Branch:
Account Number:

NOTE:

1. Please enclose two (2) passport photos for self & each family member, indicate name & TSC Personnel number at the back of each photo.
2. Please attach copies of Identification Cards for both Teacher and Spouse.
3. For spouse, attach copy of marriage certificate (for Civil & Religious marriage), affidavit or Chief's letter for customary marriage.
4. Please attach copy of Birth Certificate or legal adoption papers for all dependant children. For children under six (6) months birth notification is acceptable.
5. Please attach proof of schooling for children between age of eighteen (18) years and twenty (25) years if still substantially dependant on the parents and enrolled in a recognized post- secondary institution.

DECLARATION:

I have read the rules of the TSC medical scheme by which I agree to abide, and declare that the above statements are true and complete. I consent to the Scheme Administrators seeking information from any doctor I or my dependants have consulted.

DATE

SIGNATURE

EMPLOYER CERTIFICATION:

DATE

STAMP