

# **HANDBOOK FOR PROVISION OF COMPREHENSIVE MEDICAL COVER, GROUP LIFE COVER AND LAST EXPENSE COVER TO CIVIL SERVANTS**

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## FOREWORD

In fulfilment of the constitutional provision and other legal requirements, the Government introduced a comprehensive Medical Insurance Scheme for Civil servants and Disciplined Services and their eligible dependants. The scheme was rolled out with effect from 1st January, 2012 and is currently in the fifth (5) year of implementation.

The Scheme started with a basic coverage of a principal member and three (3) dependants ( $M + 3$ ) which has been enhanced over the last four years to member and six (6) dependants ( $M+6$ ). The benefit package has also improved and currently includes outpatient, inpatient, and specialized services, dental, optical, annual medical check-up for member and spouse, road ambulance, emergency air rescue services, overseas treatment, group life and last expense cover.

As the Ministry in charge of the welfare and performance of the public service, we are committed to working with NHIF to ensure that we have a healthy work force. We will therefore, continuously work together to improve the medical cover and sensitize members on the provisions of the scheme.

It has however, been observed over the years that members are not enjoying the full benefits of the cover. This has mainly been due to lack of awareness of the available benefits among some of the beneficiaries. I, however note that the improvement of the scheme without equal access would not benefit the public servants covered. It is important that the beneficiaries have a constant readily available source of information to ensure that they fully access the benefits provided in the scheme. Consequently, this handbook has been prepared to provide the information as and when required.

I therefore urge the scheme beneficiaries to make use of the handbook to reap the full benefits of the scheme.



**Lilian Mbogo – Omollo, OGW**

Principal Secretary

State Department for Public Service and Youth Affairs

## ACKNOWLEDGEMENT

The NHIF in line with Vision 2030 flagship project on Universal Health Coverage has embarked on enhancing benefits to ensure improvement in overall health status in Kenya. This is geared towards achievement of the country's long term development agenda. Consequently, NHIF has partnered with the Government to provide access to quality healthcare for the public service, in compliance with the provisions of the Constitution and in line with Employment Act. Towards this end, a Comprehensive Medical Insurance Scheme for Civil Servants and Disciplined Services together with their eligible dependants was rolled out with effect from 1st January, 2012. Currently, the scheme covers Civil Servants staff performing functions devolved to the County Governments.

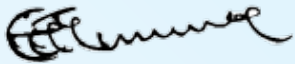
The successful implementation and administration of the scheme has been made possible by the joint efforts of NHIF as the scheme administrator, Ministry of Public Service, Youth and Gender Affairs, Ministry of Interior and Coordination of National Government, the National Treasury, Ministry of Health, Union of Kenya Civil Servants and the Insurance Regulatory Authority.

The Comprehensive Medical Insurance Scheme handbook has been reviewed and will provide relevant information to the scheme Members, Health Care Providers and NHIF staff. This handbook therefore, is designed to provide requisite information on the benefits of the cover.

In view of the dynamic nature of the implementation of this scheme, this handbook may not have covered all the administrative provisions. As NHIF, we therefore call upon the stakeholders to continually submit their observations on how to better manage and improve the scheme. The submissions/proposals together with results from Monitoring and Evaluation will form part of the basis for yearly reviews and negotiations towards a better scheme.

NHIF as the Administrator of the Scheme is committed to the success and continuous improvement of the scheme to make it state of the art and the insurer of choice.

Special thanks go to the Standing Committee on Implementation of the Civil Servants Medical Scheme for reviewing the Manual and for continuously engaging with the various stakeholders for improvement of the scheme.



**Geoffrey Mwangi**

CHIEF EXECUTIVE OFFICER

NATIONAL HOSPITAL INSURANCE FUND

## 1.0 INTRODUCTION

On 1st of January, 2012, the Government introduced a Comprehensive Medical Insurance Scheme for Civil Servants and Disciplined Services together with their eligible dependants. The scheme has continued to improve and the provisions of the scheme are as follows:

- i. The medical cover caters for the principal member, spouse and five declared children of up to 21 years of age and/or a maximum of twenty five (25) years of age if still in full time formal education (M +6);
- ii. Members and their eligible dependants access outpatient, inpatient and specialized medical services in NHIF accredited Government, Mission and Private Health Facilities across the Country;
- iii. Members are expected to choose their preferred Health Care Facilities as per the list of hospitals provided by NHIF;
- iv. Inpatient treatment is without limits/ceilings in Amenity wards in Government, Mission and some private hospitals for officers in Job Groups A-K while it has specialized limits/ceilings in high cost private hospitals for officers in Job Groups L-T and their eligible dependants;
- v. The scheme caters for treatment outside the country for medical conditions whose treatment is not available in Kenya. All costs in terms of Medical expenses, travel costs and stay outside the hospital for the patient (member or dependant) and the person accompanying the patient is covered subject to preauthorization by NHIF;
- vi. NHIF shall meet foreign travel and accommodation costs for the patient's organ donor subject to preauthorization;
- vii. NHIF will reimburse expenses arising while a member is temporarily abroad on official duty and requires emergency treatment for an illness or injury that occurs during the period of travel, provided that such period does not exceed six weeks (6) in any visit;
- viii. The scheme provides for local road ambulance services for transportation and transfer of a sick member or dependants for treatment to the nearest Health Care Facility (emergency only) or an NHIF accredited hospital;
- ix. Emergency Air Rescue Services for transportation and transfer of an injured member of the Scheme to an NHIF accredited facility; and
- x. The cover also provides for Group Life and Last Expense for the principal members at graduated rates based on individual officer's Job Group.

## 2.0 MEMBERSHIP

### 2.1 Eligibility

The following are eligible for the cover:

- i. Civil Servants at the National Government, Staff performing functions devolved to the Counties.
- ii. Declared spouse by the principal member;
- iii. Five declared children upto 21 years of age or 25 years for a child enrolled in a full time formal education;
- iv. There is no age limit for dependants with Disability (proof of registration with the National Council for Persons with Disability will be required);
- v. More dependants can be covered on payment of an additional premium as provided in Table A; and
- vi. Principal Members must register with NHIF.

#### 2.1.1 Table A- Additional Dependant(s) Premiums(Per Year)

Job Group	Premium for Each Additional Dependant(s) (KSH)	Premium for Unlimited Dependant(s) (KSH)
	Option 1	Option 2
A-G	3,500	6,000
H	3,500	6,000
J	3,500	6,000
K	3,500	6,000
L	3,500	6,000
M	3,500	6,000
N	6,000	12,000
P	6,000	12,000
Q	6,000	12,000
R,S,T	9,000	20,000

### 2.2 Registration Requirements

The Members that have never registered with NHIF before or declared their dependants are required to fill a Registration form (NHIF 2) available at any NHIF office, Huduma Centres or NHIF website ([www.nhif.or.ke](http://www.nhif.or.ke)). The applicant must attach:

- i. Coloured passport size photos of contributor and all declared dependant(s);



- ii. Photocopies of identification cards for contributor and spouse (where applicable); and
- iii. Copies of birth certificates for all children or birth notification for child(ren) below six (6) months and adoption certificate and disability identification, where applicable.

### 2.3 Registration Updates

If an employee is already a registered member of NHIF, they should ensure the details of their dependants are accurately reflected in the NHIF records by confirming at the nearest NHIF office or Huduma Centre or calling the toll free line 0800 720 601. A member may wish to add or amend his or her details or those of the dependants as follows:-

#### 2.3.1 Declaration of Spouse

Fill NHIF 26 form (see Appendix II) and attach copies of I.D for Member and the Spouse together with coloured passport size photograph of the spouse.

#### 2.3.2 Declaration of Child

Fill NHIF 26 form and attach a copy of the birth certificate or birth notification for a child below six (6) months, adoption certificate or disability identification, where applicable.

#### 2.3.3.Change of Spouse

Fill in NHIF 26 form and attach the following documents:

- i. Copies of I.D for member and spouse
- ii. Coloured passport size photo of spouse
- iii. Marriage certificate/Affidavit from a Commissioner of Oath; and
- iv. Death Certificate/Divorce Certificate.

#### 2.3.4 Amendment of Member Details

Fill NHIF 26 form and attach copies of I.D and state on the form the required amendments or change requested.

### 3.0 CHOICE AND CHANGE OF FACILITY

Choice or selection of preferred outpatient facilities is done every June and December of the contract year. NHIF will inform the members when the period is due for submission of the form for change of facility. The following guidelines shall be applicable:

- i. To choose a preferred outpatient facility one **MUST** be duly registered and their dependants declared.
- ii. A principal member can choose a different facility for each beneficiary where necessary (**ONLY ONE** facility is allowed per beneficiary).
- iii. To select a medical facility, the Principal member should refer to the list of NHIF accredited health facilities available in the NHIF Website ([www.nhif.or.ke](http://www.nhif.or.ke)), NHIF offices and Huduma Centres Country wide.
- iv. Members who are comfortable with their current facilities need not change.
- v. Members on transfer during the capitated period can change to another facility by providing a copy of transfer letter.
- vi. Members can still submit their forms after the deadline but the change shall **ONLY** take effect from the next stipulated time.

#### 3.1 Requirements for Choice and Change of Facility

- i. The Principal member completes Change of Facility Form (NHIF 38) (see appendix iii) and submits it to the nearest NHIF Office.
- ii. A copy of the Principal Member's National ID **MUST** be attached.

## 4.0 BENEFITS PACKAGE

The scope of benefits includes comprehensive outpatient and inpatient medical treatment both within the country and overseas for the principal member and eligible dependants. In addition the cover provides for Group Life and Last Expense Cover for the Principal Member.

### 4.1 Out-patient Cover

The outpatient benefit package includes both curative & preventive services which comprise, but not limited to:

- i. Consultation
- ii. Laboratory investigations
- iii. Drugs administration & dispensing
- iv. Dental health care services
- v. Radiological examinations
- vi. Nursing and midwifery services
- vii. Maternal Child Health/Family Planning
- viii. Minor surgical procedures
- ix. Optical care
- x. Rehabilitation services
- xi. Annual medical check-up
- xii. Referral for Specialized Services
- xiii. Ambulance services
- xiv. Day care services such as Manual Vacuum Aspiration (MVA), surgery and other medical services deemed fit by the clinician e.g. cases whereby a clinician may use the local anesthesia to numb a particular part of the body which may include minor surgery like incision, drainage and suturing of wounds.

### 4.2 Dental Care

The Dental Cover includes dental consultation, orthodontics, root canal, dentures, Cost of filling, X-rays and Extractions including surgical extractions together with anaesthetics fees, hospital and operating theatre cost. The Dental Cover can be accessed as per the provided limits in Table B on a Fee for Service basis.

### 4.3 Optical Care

A member shall benefit in the proportion of expenses on a Fee for Service

basis as shown on table B for the cost of the eye glasses and eye testing.

#### 4.3.1 Table B- Dental and Optical Limits(Per year, per family)

Job Groups	Optical (KES)	Dental (KES)
All Job Groups	40,000	50,000

NB.Provided the total cost in any one period of insurance does not exceed the limits specified in Table B.

#### 4.4 Tests for Organ Donor(s)

NHIF shall meet the pre-test costs for the kidney donor identification upto a maximum of two (2). The potential donors shall be a paid up registered member/be enrolled as a member of NHIF.

#### 4.5 Annual medical Check

The principal member and spouse are eligible for annual general medical checkup at the selected healthcare facility. Medical checkup will entail examination of the following:

- i. Body mass index
- ii. Full Haemogram
- iii. Cholesterol
- iv. Blood sugar
- v. Gamma GT
- vi. Urinalysis
- vii. PSA(Prostate Specific Antigen for Men above 40)
- viii. Pap smear for all women
- ix. Mammogram

NB:Health Care Facilities that are unable to offer the above scope of services are advised to refer the member to other facilities (members shall not be required to pay for these services on referral)

#### 4.6 Vaccinations

KEPI vaccines, Rota virus vaccine, Anti – rabies, Anti –Snake venom and yellow fever vaccine are catered for in the scheme. The vaccinations will be availed at the selected health care facilities.

##### 4.6.1 How to Access Out- Patient

Members are expected to seek Out-Patient treatment in their selected

medical facility. Members in job groups A-K will have unlimited outpatient services in their selected facilities. Members in job groups L-T will access outpatient services in their selected facilities subject to their annual limits as indicated in Table C.

The following documents are required at the point of service:

- i. A copy of NHIF card OR
- ii. A copy of the National Identification card of the principal member or Staff Identification Card.

#### 4.7 In-patient Cover

Inpatient care may include all medical and surgical conditions which need admission and where the management will be of therapeutic value. The Inpatient cover includes the following:

- i. Hospital accommodation charges
- ii. Nursing care
- iii. Diagnostic, laboratory or other medically necessary facilities and services
- iv. Rehabilitation services
- v. Operating theatre services
- vi. Specialist consultations or visits
- vii. Radiology services
- viii. Drugs prescribed by treating clinician
- ix. Pre-hospitalization procedures such as laboratory, x-ray or other medical diagnostic procedures and tests

##### 4.7.1 Maternity and Reproductive Health Cover

This cover includes the following:-

- i. Consultation and treatment for both mother and child,
- ii. Cost of Child birth including caesarian section deliveries
- iii. Family planning services.

##### 4.7.2 How to Access In-patient Services

In-patient treatment will be on referral basis from the selected primary healthcare facility. These services will be accessed as follows:-

- i. Members in Job Group A-K will access comprehensive benefit in case they fall sick in Private wing in the two National referral hospitals (KNH and MTRH), Amenity wards in Government hospitals and Ward Beds

in Mission and Medium Cost Private Hospitals in facilities designated to them.

- ii. Members in Job Group L-T will access comprehensive benefit subject to their limits in Private wing in the two National referral hospitals (KNH and MTRH), Amenity wards in Government hospitals and ward beds in Mission and private hospitals. Job Group R, S, T – can access private single rooms in the facilities designated to them.
- iii. Members seeking In-Patient treatment are required to provide:-
  - a. A copy of NHIF card;
  - b. A copy of the Principal Member’s National Identification card;
  - c. A copy of the spouse’s National Identification card in case the spouse is the patient;
  - d. Copy of birth certificate or birth notification for child(ren) below six (6) months or copy of adoption certificate where applicable in case of child admission;
  - e. A copy of proof of registration with the National Council for Persons with Disability will be required for dependants with Disability and are over 21 years;
  - f. A letter of proof that the child is enrolled in a full time learning institution for children above 21 years will be required.

#### 4.7.3 Table C: Outpatient and Inpatient Annual Limits

Job Groups	In- Patient	Out-Patient
A-G	Unlimited	Unlimited
H	Unlimited	Unlimited
J	Unlimited	Unlimited
K	Unlimited	Unlimited
L	1,000,000	100,000
M	1,250,000	150,000
N	1,500,000	200,000
P	1,750,000	225,000
Q	2,000,000	250,000
R,S,T	2,250,000	350,000

#### 4.8 Emergency Treatment

Incase of a medical emergency, members and/or their declared dependants will access services in any NHIF accredited health facility.

The facility should communicate to the nearest NHIF office for purposes of reimbursement. Members are expected to report cases of emergency or emergency admissions to the nearest NHIF office.

Members will not be required to meet the cost of such treatment.

#### 4.9 Referrals

The contracted Health Care Provider has a proper referral system and shall refer the beneficiaries to a lower level facility or higher level facility depending on the medical and health care services required. The types of referral may be;-

- i. Outpatient to outpatient: Referral from a lower/higher level facility
- ii. Outpatient to inpatient: Referral for inpatient services.
- iii. Inpatient to inpatient: Referral from a lower/higher inpatient facility.

##### 4.9.1 Referral Protocol

A scheme member will seek treatment in their selected health facility. However, where the selected facility lacks a particular service, the facility shall refer the member to any other health provider where the service is available. Such referrals shall be paid for by the member's selected health facility. These shall exclude dental and optical which are paid on Fee for Service basis.

#### 4.10 Notification/Letters of Undertaking

The hospital will notify NHIF for authorization in cases of day care surgery, and when a member is away from their capitated facility. The authorization shall be issued by the Branch Manager, Deputy Branch Manager or Head of Benefits.

A Letter of Undertaking will be required for specialized cases. The member will be required to visit his outpatient facility for a referral letter before visiting the nearest NHIF Branch office to be issued with a letter of undertaking.

##### 4.11 Overseas Treatment

- i. Treatment costs for beneficiaries arising from a condition that warrants treatment not available in Kenya will be covered subject to pre-authorization by NHIF. NHIF will cater for treatment cost and cost

of travel for Member or Dependants and travel and accommodation costs for one person accompanying the patient.

- ii. Medical personnel accompanying a patient on recommendation by the referring Doctor will be paid for a return air ticket and accommodation for a period not exceeding two days.
- iii. In cases of organ transplant, NHIF will also cater for treatment and travel cost for the organ donor.
- iv. NHIF will reimburse claims related to emergency treatment incurred while the principal member is temporarily outside the country on official duty as long as the period is not exceeding six weeks at any one visit.

#### 4.1.1.1 Requirements for Overseas Treatment

Referral letter from the facility or specialized consultant.

A letter from line ministry/department to the Director of Medical Services supporting the referral.

Approval letter from the Director of Medical Services.

Pro-forma invoice from the referred facility.

NB: An NHIF approved agent may assist members to identify appropriate facilities and make travel arrangements. For more information contact the nearest NHIF Office.

#### 4.1.2 Emergency Rescue Services

##### 4.1.2.1 Local Road Ambulance

Ambulance services for transportation and transfer of a sick member or dependant for treatment to the nearest NHIF Accredited Health Facility is provided as follows:

- i. Emergency road transfer services by Kenya Red Cross Society is for all Civil Servants and Disciplined Services members/dependants covered under the scheme.
- ii. Members can access Kenya Red Cross Helpline 24 hours a day through a toll free line – 1199.

##### 4.1.2.2 How to Access

When there is need for a medically indicated transfer or during a medical emergency:



- i. A call shall be made to any of the Emergency Medical Dispatch numbers (0700 395395, 0738 395395) for an ambulance;
- ii. A call can also be made to the Toll free line – 1199;
- iii. The caller should state the principal member's full names, NHIF number, location/facility, nature of the emergency, telephone number and or where to be transferred to; and
- iv. The caller shall be requested not to hang up until the dispatcher allows him/her.
- v. The nearest available ambulance shall be dispatched to the location or site immediately after verifying membership validity.

#### 4.12.3 Emergency Air Rescue

Emergency Air Rescue is available for transportation and transfer of an injured Principal member of the Scheme to health facilities where adequate treatment is available. AMREF Flying Doctors has been contracted to provide emergency air rescue services to the Civil Servants & Disciplined Services officers spread across the country.

The cover includes:

- i. Two evacuation flights per year per member; and
- ii. Two ground ambulance transfers per year within Kenya. The Service Provider will facilitate a local road ambulance to transfer the patient from the airport/airstrip to the nearest N.H.I.F accredited Health Care Provider.

#### 4.12.4 How to Access

- i. In case of emergency contact the emergency control centre through telephone Numbers : 0733 639088,0722 31 4239,020 662299,Email: [emergency@flydoc.org](mailto:emergency@flydoc.org)
- ii. State your name, telephone contact, location/facility and nature of emergency.

## 5.0 SPECIALIZED SERVICES

NHIF shall cover a member or dependants for Dental, Optical, Pressure Stockings, Orthodontics, Root canal, Dentures, Hearing Aids, Drug and Substance Abuse Rehabilitation Services, Renal, Trauma, Diabetes, Hypertension, In Vitro Fertilization (IVF) treatment, MRI, CT- Scan, and Cancer medical care and treatment services.

The total coverage under this section in any one period of insurance shall not exceed the limits specified and the cover shall be available at NHIF accredited and contracted specialized facilities from the selected health facility.

## 6.0 LAST EXPENSE

NHIF shall, upon death of a principal member while this cover is in force pay to the next of kin the amount specified in the Last expense schedule below to cater for the funeral expenses. The declared next of kin will be required to complete the form and forward to the respective head of human resource management in the line Ministry /State Departments/ County the following documents:

- i. Original burial permit; and
- ii. Duly completed claim form.

## 7.0 GROUP LIFE

NHIF shall pay death benefit upon the demise of a principal member only. The declared next of kin will be required to complete the form and to forward to the respective head of human resource management in the line Ministry /State Departments/County the following documents:

- i. Original burial permit;
- ii. Original Surrender of I.D. form;
- iii. Original death certificate; and
- iv. Duly completed claim form.

The Original documents will be returned to the next of kin after payment. For last expense and group life the Line Ministry /State Departments/

County Heads of Human Resource Management shall forward the above documents to NHIF for payments.

NHIF shall pay Permanent Total disability benefits upon the disablement of a member equivalent to Group life benefits, whilst in service within seven(7) days on receipt of full documentation.

NHIF shall pay critical illness benefits of 30% of group life benefits upon the diagnosis of a critical illness of a member, whilst in service within seven (7) days on receipt of full documentation.

NHIF shall pay for artificial appliances such as wheel chairs (one within the contract period), crutches, prosthesis and walking frames as necessary prescribed by medical practitioner within seven (7) days on receipt of full documentation.

### 7.1 Procedure for accessing Last Expense and Group Life Cover

- i. All notifications of death to NHIF should be signed by the Head of Human Resource Management Unit or in their absence, the Deputy Head of HR Unit in the respective Line Ministry/State Department/ County of the deceased officer within thirty (30) days of occurrence. Any notification/claim not signed by the Head/Deputy of HRM Unit will not be accepted.
- ii. The Head of Department at the County/Sub County should complete and sign Part I of the Claim Form, ensure that the beneficiary/next of kin completes Part II and forward the form to the Head of HRM Unit at the line Ministry/State
- iii. Department /County for onward transmission to NHIF.
- iv. The Head of Human Resource Management Unit must certify that the claimant is the eligible beneficiary before forwarding the claim form to NHIF and they will be held personally accountable for inaccurate documents.
- v. The Head of Human Resource Management Unit at the line Ministry/ State Department/County are required to submit their specimen signatures and those of their Deputies for verification of the claim form

### 7.1.1 Table D: Group Life and Last Expense

Job Group	Group Life (Kshs)	Last Expense (Kshs)
A-G	700,000	100,000
H	700,000	100,000
J	700,000	100,000
K	850,000	120,000
L	850,000	120,000
M	1,000,000	150,000
N	1,000,000	180,000
P	1,150,000	200,000
Q	1,300,000	250,000
R,S,T	1,700,000	300,000

## 8.0 OBLIGATIONS

The scheme has three parties the member, NHIF and the Health Care Facility, whose roles are outlined below;-

### 8.1 Obligations of the Member

The member shall:

- i. Register with NHIF and declare all eligible dependants;
- ii. Provide necessary and correct documentation & information of themselves and dependants;
- iii. Update all beneficiaries in a timely manner;
- iv. Not engage in fraudulent activities in order to unlawfully obtain benefits; and
- v. Abide by the provision of the Contract on benefit package and selection of health care providers.
- vi. Where a member is not able to access services as stipulated, they are encouraged to call or visit the nearest NHIF office for further assistance.

### 8.2 Obligations of the Health Care Providers

The health care provider shall:

- i. Render the agreed range of health services to bonafide Scheme members and their beneficiaries;
- ii. Maintain high standards of quality healthcare services;
- iii. Not engage in any fraudulent activities in order to unlawfully obtain payments or any other benefits.
- iv. Fully abide by the provision of the contracts signed between the facility and NHIF.

### 8.3 Obligations of NHIF

The obligation of the Fund in relation to the Member and Health Care providers shall be as follows:

- i. Accredite and contract healthcare providers;
- ii. Provide a list of accredited and contracted healthcare facilities;
- iii. Register and issue members with membership cards;
- iv. Receive premiums;
- v. Ensure adherence to the terms of agreement by all parties;
- vi. Pay the service providers in a timely manner; and
- vii. Sensitize all stakeholders on the scheme.

## 9.0 EXCLUSIONS

Exclusions are those services which are not covered in the benefit package. They may include but not limited to expenses incurred by a beneficiary as a result of:

- i. Cosmetic or beauty treatment and/or surgery;
- ii. Massage (except where certified as a necessary part of physiotherapy following an accident or illness);
- iii. Treatments arising from non-accredited health facilities and/or un-authorized referrals;
- iv. Expenses recoverable under any other insurance;
- v. Treatment by chiropractors, acupuncturists and herbalists or stays and /or maintenance or treatment received in nature cure clinics or similar establishments or private beds registered within a healthcare provider, convalescent and /or rest homes with 'cures' attached to such establishments;
- vi. Vaccines except KEPI vaccines, Rota virus vaccine, Anti – rabies, Anti –Snake venom, Yellow Fever (NHIF to liaise with the Ministry of Health and County Governments in the provision of the Vaccines);
- vii. Investigations, treatment, surgery for obesity or its sequel, cosmetic or beauty treatment and or surgery;
- viii. Claims expenses for Members who are outside the country on official duty for a period exceeding more than six weeks at any one visit.
- ix. Charges recoverable under any Work Injury Benefits Act (WIBA) or any other medical plan; and
- x. Any other restrictions as provided for in the negotiated contracts.

## 10.0 FREQUENTLY ASKED QUESTIONS

- Q1. What happens in case of Emergency and away from facility chosen?  
You will be treated in the NHIF accredited health facility nearest to you.
- Q2. Are my parents covered?  
NO. The cover is only for principal member, declared spouse and dependants.
- Q3. What happens to my medical limit if I don't use it?  
It lapses at the end of the financial year.
- Q4. What happens once the limits are exhausted?  
There are no extensions once the limit is exhausted, however the Principal Member may apply to the Principal Secretary for medical ex-gratia assistance.
- Q5. Why choose a facility?  
The scheme allows members to choose a healthcare facility for ease of accessing quality services.
- Q6. Can I choose a different facility for each dependant?  
Yes. You can choose a different facility convenient to each dependant.
- Q7. Is one required to choose an inpatient facility?  
NO. For inpatient one can be admitted in any health facility subject to the NHIF contract with the facility.
- Q8. What happens when one is transferred?  
One is allowed to change healthcare facility.
- Q9. Is a member still covered once interdicted?  
YES. A member remains covered.
- Q10. Why limit the number of beneficiaries?  
To maintain sustainability of the scheme based on government funding.
- Q11. Do I have to do a medical test/examination before joining the scheme?  
NO. But under the scheme the principal member is entitled to a voluntary annual medical check-up.
- Q12. Once referred who should settle the bill?  
Bills will be settled by the selected healthcare facility for outpatient services and NHIF for inpatient services.
- Q13. If I'm unhappy with the services, how can I be assisted?  
You can raise it as a complaint through the existing channels.
- Q14. What of disabled dependants who are over 25 years of age?  
They remain beneficiaries under the scheme.

## BRANCHES WITH THEIR SATELLITES

No.	COUNTY	BRANCH	LOCATION	ADDRESS	TELEPHONE
1.	Baringo	Kabarnet	Mart Properties Ltd	310-30400 Kabarnet	(053)8000312 (053)21844
		Eldama Ravine	Tandui Building, 2nd floor Mercy Hosp. Road	1048-20103 Eldama Ravine	(051)752122
2.	Bomet	Sotik	Bureti Tea Growers Sacco Bldg	321-20406, Sotik	770348695 770348700
		Bomet	Aggie Plaza	538 -20400 Bomet	020-2531445
3.	Bungoma	Bungoma	Daimah Plaza (Bungoma-Kan- duyi Rd)	627-50200, Bungoma	(057)2504425
		Webuye	Bettylyne Bd, Gd Floor Moi Avenue	627 – 50200, Bungoma	(020)2139955
4.	Busia	Busia	Tesla Plaza, 1st floor Kisumu – Busia Road	746-40201 Busia	(055) 2222024
5.	Elgeyo Marak- wet	Iten	Baraka Plaza	370 -30700 Iten	0773 781 133
		Kapsowar	Bandaptai Building		(020)2148635
6.	Embu	Embu	Eastern Emporium, 1st floor, Kenyatta highway	1315- 60100 Embu	(068) 2230062 (068)2230546 (061)2311053
7.	Garissa	Garissa	Northern Site Bd, Sankuri Road	107-70100 Garissa	(046)2102020 (046)2102049 (020)2524608
8.	Homa- bay	Homabay Oyugis Mbita	Coldsprings Bldg 1st Floor Olando Plaza Ground floor Mbita Dist. Hosp, Adm. Block	47-40300 Homabay 74-40222 Oyugis 50-40305 Mbita	775369644 (020)2018067 705813796 722235144 722482496



9.	Isiolo	Isiolo	Ibada Plaza, 1st Floor	476-60300 Isiolo	(061)2303451
10.	Kajiado	Kajiado	Hibo House 1st floor, Namanga Rd	30-01100, Kajiado	(020)2304011 0710 376931
		Loitoktok	Emparakuoni Plaza, Ground Flr	167- 00209 Loitoktok	722383313
		Kitengela	Kitengela Plaza 1st Flr, Kitengela-Namanga Rd	540-00242 Kitengela	(045)6620004 (045)6620005 (045)6620006
		Ongata Rongai	Rescom House, Ground floor Magadi Road	231-00511 Mbagathi	(045)3123325
11.	Kakamega	Kakamega	Mega Mall, 2nd floor	280-50100 Kakamega	(020)2351271 (056)2030399
		Mumias	Bemak House, 2nd floor off Nabongo Road	967-50102 Mumias	(056)6641484 (056)6641005
12.	Kericho	Kericho	Sinendet Towers, 1st floor	1948-20200 Kericho	(052)2020518 (052)2020618 (051)8007097
13.	Kiambu	Kiambu	Mapa House, lower Grd, Biashara Street	254-00900, Kiambu	(066) 2022137 (020) 8055793 0712-833 490
		Limuru	Njegi Plaza 3rd Fl, Market Street	1250-00217 Limuru	(020)3545484 (066)2501262
		Thika	Nellion Centre, Kenyatta road	P/Bag, Thika	(067)2222271 (067)2231446 (020)2039910
		Ruiru	Central Plaza, 2nd flr Ruiru-Githunguri Rd	1944-00232, Ruiru	020-2385345

14.	Kilifi	Kilifi	Equity Building 1st floor, Kwa Charo Wamae Road	1310-80108 Kilifi	(041)2011024 (041)7522414
		Mariakani	NHIF Office Next to Total Service Station	449-80113 Mariakani	(051)7333077
		Malindi	Barani Plaza 1st floor, South Wing Jomo Ken- yatta Road	1423-80200, Malindi	(042)31269 (042)31270 (042)2011053 7753960092
		Mtwapa	Shella Proper- ties Ltd	1423-80200 Malindi	020-2588865
15.	Kirinya- ga	Kerugoya	Machere Plaza, 1st Floor	510 -10300 Kerugoya	(020)8031697
		Mwea	Digital Complex (Makutano/ Mwea Rd)	32 -10303 Wanguru	(020)2465272
16.	Kisii	Kisii	Ouru Complex 1st floor, Kisii- Ksm Rd	3466-40200 Kisii	(058)2030426
17.	Kisumu	Kisumu	Re-insurance Plaza, Grd Floor, Oginga Odinga street	231-40100 Kisumu	(057)2020638 (057)2020028 (057)2500640
18.	Kitui	Kitui	Zein Bd, 1st Fl. Kilugya Street	1466-90200 Kitui	020-22919 020-22920 020-2380377
		Mwingi	Osavinya Bd, 1st floor	1466-90200 Kitui	(020)2323071
		Mutomo	Afya Bora Building,	1466-90200 Kitui	(020)2323072
19.	Kwale	Ukunda	Ali Mbarak Bldg, Gd floor, Beach road	1665-80400 Ukunda	(020)2351065 (041)2011054
20.	Laikipia	Nanyuki	Laipha Hs 2nd Fl, Laikipia Road	673-10400 Nanyuki	(020)2198401 (062)31400/01
		Nyahururu	Kimwa Centre, 1st floor, Nyeri Nyahururu Highway	2237-20300	(020)- 2620705 051-8007099
21.	Lamu	Lamu	Zawadi Hse (Sea front Rd)	358-80500 Lamu	041-2011052

22.	Machakos	Machakos	KCB 3rd Fl, Syokimau Rd	2017-90100 Machakos	(044)2021043 (044)2021686
		Matuu	Bidii Textile bldg.Gatangi rd	2017 -90100 Machakos	773985933
		Kangundo	Homeland Plaza Tara-Kangundo Rd	2017-90100 Machakos	771237651
		Masii	Peter Mulei Bldg Masii –Tawa Rd	2017-90100 Machakos	771648758
23.	Makueni	Wote	Double K Plaza		774261541 (020)2360350
		Makindu	VCT Plaza, 1st floor	211-90138 Makindu	(020)2413220 720248356 774261550
		Kibwezi	Mohammed Omar Building (Kibwezi Rd)		775869174
24.	Mandera	Mandera	Haji Mohamed Ibrahim Bldg	525-70300 Mandera	773700837
25.	Marsabit	Marsabit	Dadacha Hse	378-60300 Marsabit	(057)2513758
		Moyale	Sherif Guest House, 1st Floor	278-60700	(061)2308632
				Moyale	
Laisamis	Isiolo - Marsabit Road	378-60300 Marsabit	(057)2513758		
26.	Meru	Meru	NHIF Building, Tom Mboya Street	2193-60200 Meru	(064)3130137 (064)3130629 (061)2311052
		Maua	Maua Methodist Hospital	437-60600 Maua	(020)8001920
27.	Migori	Migori	Amicus Plaza 2nd floor	1183-40400 Migori	(059)20174 (059)20927 (020)8065903/4 (020)2348712
28.	Mombasa	Mombasa	NSSF Building Ground floor, Nkuruma Rd	84101-80100, Mombasa	(041)224360 (041)2227463
29.	Murang'a	Murang'a	Arahuka Build- ing 1st floor, Kenyatta High- way	534 -10200 Muranga	(061)2307610 770310062 771317799

30.	Nairobi	Nairobi	NHIF Car Park Bg, Gd Floor	30443-00100 NRB	(020) 2723256 (020) 2723246 (020) 2723281
		KNH	KNH Hospital	30443-00100 NRB	(020) 2723305
		Eastleigh	Sunrise Shopping Mall	7468-00610 NRB	(020) 8055788
		Westlands	Bandari Plaza, 1st Fl, Woodvale Groove	719-00606 Nairobi	(020)4452462 (020)4449922
		Kangemi	Palace Bldg, 1st Floor, Opp Co-operative Bank	719-00606 Nairobi	(020)4452462 (020)4449922
		Buruburu	Buruburu Business Complex, 3rd flr Mumias Rd	1177-00515 Buruburu	(020)-2465577 (020)7786690
		Gikomba	Gikomba House, Kombo Munyiri Road	1177-00515	(020) 2047161 (020)2210026
		Mama Lucy Kibaki Hospital	Mama Lucy Kibaki Hospital, Spine Rd off Kangundo Rd	1177-00515 Buruburu	(020)2659608
		Industrial Area	Liberty Plaza Opp Imara Daima Junction off Mbs Rd	143-00507 Viwandani	775587958
		Ruaraka	Sabaki Centre, 1st Floor, Outer- ing Rd	76963-00620 Mobil Plaza, Nairobi	(020)2465578
31.	Nakuru	Nakuru	AFC Bldg, 1st Fl, Kijabe Rd	155-20100 Nakuru	(051)2211118 (051)2213278 (051)8007494
		Olenguruone	AIC Church Building, Ground flr	277-20152 Olenguruone	051-8009892 713117214
		Molo	Cooperative Bank Building, 1st floor	60-20106 Molo	770380263
		Naivasha	Jubilee Mall, 2nd floor	1981-20117 Naivasha	(050)2020818 (050)2021489
		Gilgil	Mangu House.	1981-20117 Naivasha	722454284 733345309

32.	Nandi	Kapsabet	Eden Plaza, 2nd floor	120-30300 Kapsabet	(020)2646746 (053)5252320 (053)8013360
		Nandi Hills	Nandi Hills Plaza, 2nd Floor	302-30301 Nandi Hills	(053)8001686 (053)5252320
33.	Narok	Narok	Maa Towers 1st floor, Nairobi – Bomet Road	918-20500 Narok	773881838 775513014
		Kilgoris	Kilgoris Business Centre	149-40700 Kilgoris	0770 585 078
34.	Nyamira	Nyamira	Sakami Hse, 1st Floor (main street)	962 -40500 Nyamira	(020)80641 28 775369601 (058)2031499
35.	Nyandarua	Ol'Kalou	Business Park Bldg, 1st floor	602-20303 Ol'Kalou	771290087
36.	Nyeri	Nyeri	Lwale place, 1st floor, Kimathi Way, Field Marshall Mutungi rd	658-10100, Nyeri	(061)2032899 (061)2030957
		Othaya	Barefoot Holdings Hse	670-10106 Othaya	(020)2563713
37.	Samburu	Maralal	Oryx Service Station, GF, Rm 10	673-10400 Nanyuki	774609439 776018985
		Wamba	Wamba Mission Hospital	673-10400 Nanyuki	
38.	Siaya	Siaya	Siala Plaza 1st floor, Court Road	268-40600 Siaya	(057)2524078 (057)5321300
39.	Taita Taveta	Voi	Mughonyi Plaza, 1st Fl,	471-80300 Voi	(043)2030052 (043)2030547 (020)2437484
		Taveta	Taveta Sub County Hospital	31-80302 Taveta	721820409
40.	Tana River	Hola	Rayaan Complex, Hospital Rd	1423-80200 Malindi	020-8032490 020-2011050
41.	Tharaka Nithi	Chuka	Mombasa Hse, near Equity Bank	414-60400 Chuka	771263765
42.	Trans Nzoia	Kitale	Mega Centre, Mezzanine Floor Mazingira Rd	921-30200 Kitale	(053) 8000311 (053) 8000314

43.	Turkana	Lodwar	Africana Building	471-30500 Lodwar	(054)2221011 770914918
44.	Uasin Gishu	Eldoret	KVDA Plaza, Grd floor	3091-30100 Eldoret	(053)2030749 (053)2061400
		MTRH	Moi Teaching & Referral Hos- pital	3091-30100 Eldoret	(020)2148635 (020)2688748
45.	Vihiga	Vihiga	Cherry House, Ground floor	1449-50300, Maragoli	(020)2063909
46.	Wajir	Wajir	Nasib House Hospital Road	239-70200 Wajir	(020)2383263
47.	West Pokot	Kapen- guria	Kazeto Building, Ground Floor	572 - 30600 Kapenguria	0770 867421



**NATIONAL HOSPITAL INSURANCE FUND**

P. O. Box 30443 - 00100, NAIROBI, KENYA

Website: www.nhif.or.ke Email: info@nhif.or.ke

**REGISTRATION FORM**

Tick where applicable  Employed  Self Employed  Organized Groups  Sponsored

Tick service required  Registration  Choice/Change facility

**Guidelines:**

1. Attach Copies of National Identity Card/Alien ID/Passport for both the 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 members declaring their dependants for the first time)
3. For new registration of employed persons attach an introduction letter or have the form stamped by the employer.
4. For change/choice of medical facility please fill PART III

**PART I: MEMBER DETAILS**

Surname:.....Other Names:.....

NHIF No:.....National ID /Passport /Alien I.D No:.....

Date of Birth (DD/MM/YYYY)..... Gender (Male/ Female):.....

Employer/Organized Group Code:..... Sponsor Code:.....

Mobile No.:.....Email Address:.....

Place of Residence (county).....sub county.....

Postal Address:..... Postal Code:.....

**PART II: SPOUSE DETAILS**

Surname:..... Other Names:.....

National I.D./Passport/Alien I.D. No:..... Date of Birth (DD/MM/YYYY) .....

Gender (Male/Female):..... Mobile Phone No:.....

### **PART III: CHILDREN DETAILS AND CHOICE/ CHANGE OF FACILITY**

Guidelines:

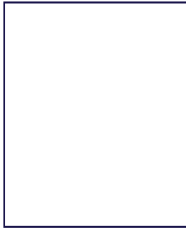
1. To choose an outpatient medical facility, please refer to the list of our accredited outpatient health facilities available in the N.H.I.F Website and Offices countrywide.
2. To access benefits one MUST be a duly registered member and must have declared their dependant.
3. To choose an Out patient facility,attach a copy of the contributor’s National ID.

	NAME	Date of Birth			Gender	Preferred Medical Facility	
		DD	MM	YYYY	M/F	Code	Name
PRINCIPAL							
SPOUCE							
CHILD 1							
CHILD 2							
CHILD 3							
CHILD 4							
CHILD 5							
CHILD 6							
CHILD 7							
CHILD 8							
CHILD 9							
CHILD 10							



**PART IV: PHOTOGRAPHS**

Please attach one coloured passport size photo for each of the persons named in part I, II and III. Indicate the name of the person and contributor's I.D. Number at the back of the individual passport size photo(Applicable to members/ dependants whose photos do not appear in NHIF System).



Contributor's Name:

.....  
.....



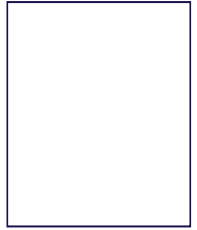
Spouse's Name:

.....  
.....



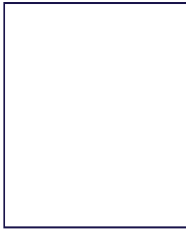
Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....



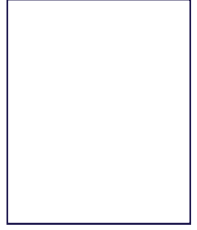
Child's Name:

.....  
.....



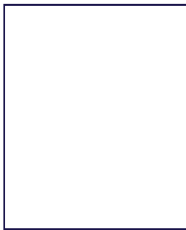
Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....



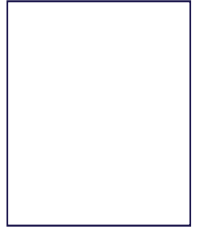
Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....

## PART V: CHANGE OF OUTPATIENT HEALTH FACILITY

Guidelines:

1. Please tick in the table below reasons of change where applicable.

01	Transferred to a new workstation	
02	Unavailability of 24 hours service	
03	Requested to buy prescribed drugs	
04	Unavailability of dental services (if applicable)	
05	Unavailability of optical services (if applicable)	
06	Lack of specialized services	
07	Bad attitude from clinic staff	
08	Current facility stopped offering services	
09	Other reasons (please specify)	

### PART V I: DECLARATION:

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

Name of Contributor..... Sign..... Date.....

### FOR OFFICIAL USE ONLY

1. Receiving Officer ..... Sign ..... Date .....

2. Data Capture Officer ..... Sign ..... Date .....

3. Approving Officer ..... Sign ..... Date .....



**NATIONAL HOSPITAL INSURANCE FUND**

P.O. Box 30443, NAIROBI

Website: [www.nhif.or.ke](http://www.nhif.or.ke) Email: [info@nhif.or.ke](mailto:info@nhif.or.ke)

**APPLICATION FOR AMMENDMENT/UPDATES**

**PART I: To be completed by individual member who has been issued with NHIF Card**

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

**NB:**

1. To input the name of a spouse for the 1st time even after a member is already registered. Copies of I.D for Member and spouse is required.
2. To change the name of spouse the following documents will be required:
  - Copies of I.D for Member and spouse
  - Either marriage certificate/Affidavit from the courts **OR** Death /Divorce Certificate

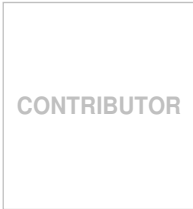
**PART II: Children’s Particulars**

Name of Child	Date of Birth				Birth Certificate No	Birth Notification No
	Date	Month	Year	Gender (M/F)		
1.						
2.						
3.						
4.						
5.						
6.						

(Please attach photocopies of birth certificates (or birth notification in case the child is 6 months and below)

**PART III: Photographs**

Please attach coloured passport size photographs for each of the person named in part I and II, indicate principal member ID and the name of the person below.

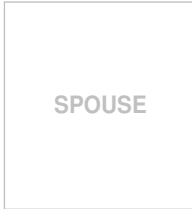


CONTRIBUTOR

Member Name

.....

Member's Reg No. ....



SPOUSE

Spouse's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....

**PART IV: Certification**

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

Name of Contributor..... Sign..... Date .....

**FOR OFFICIAL USE ONLY**

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

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

3. Amending Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

4. Photo processing Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_



**Afya Yetu. Bima Yetu**

**NATIONAL HOSPITAL INSURANCE FUND**

P .O. BOX 30443 - 00100

NAIROBI, KENYA.

E-Mail: [info@nhif.or.ke](mailto:info@nhif.or.ke)

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

**CHOICE OF OUTPATIENT MEDICAL FACILITY FORM**

**Guidelines:**

1. Principal Members are required to forward a duly completed form to the nearest NHIF office.
2. To select a medical facility, please refer to the list of NHIF accredited health facilities available on the NHIF Website and NHIF offices countrywide.
3. To access benefits one MUST be duly registered by filling NHIF Registration Form (NHIF 2) and declare their dependants.
4. A copy of the Principal Member’s National ID MUST be attached.

**A. PRINCIPAL MEMBER’S DETAILS**

SURNAME: ..... OTHER NAMES: .....

NHIF NO. (Mandatory) ..... I.D NO.(Mandatory) .....

PERSONAL NO ..... JOB GROUP .....

DATE OF BIRTH (DD/MM/YYYY)..... GENDER (Male/Female).....

MOBILE NO: ..... EMAIL ADDRESS .....

EMPLOYER ..... STATION .....

**B. DEPENDANT(S)’ DETAILS**

	NAME	DATE OF BIRTH			GENDER	PREFERRED MEDICAL FACILITY	
		DD	MM	YR	M/F	CODE	NAME
PRINCIPAL							
SPOUSE							
CHILD 1							
CHILD 2							
CHILD 3							
CHILD 4							
CHILD 5							

**C. REASON FOR CHANGE OF FACILITY**

Tick as applicable:

01	Transferred to a new workstation	
02	Promotion	
03	Unavailability of services for 24 hours	
04	Asked to buy prescribed drugs	
05	Unavailability of dental services	
06	Unavailability of optical services	
07	Lack of specialized services	
08	Lack of laboratory services	
09	Bad attitude from clinic staff	
10	Current facility stopped offering services	
11	Other (Specify)	

**D. CERTIFICATION**

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

Name of Employee.....Signature.....Date.....

**E. FOR OFFICIAL USE**

RECEIVED BY.....Signature.....Date.....

UPDATED BY.....Signature.....Date.....

APPROVED BY.....Signature.....Date.....

# APPENDIX 4



## REPUBLIC OF KENYA

The Chief Executive Officer,  
National Hospital Insurance Fund,  
NAIROBI.

### CLAIM FOR LAST EXPENSE AND GROUP LIFE - CIVIL SERVANTS AND DISCIPLINED SERVICES MEDICAL SCHEME

#### Guidelines

1. Part I of this form should be completed by the Head of Department at Ministry/State Department or County Head of Department of the deceased officer working under the National Government. For deceased officers under County Governments, Part I will be completed by Sub County/County Head of Department.
2. Part II of this form should be filled by the Claimant/Next of Kin in the presence of the Head of Department of the deceased officer.
3. Part III of this form should be completed by the Head of Human Resource Management in the Ministry/State Department/County Headquarters. The Head of Human Resource Management should certify that the claimant is the eligible beneficiary.
4. Original burial permit should be attached in support of a claim for Last Expense.
5. Original death certificate should be attached in support of a claim for Group Life.
6. The original burial permit and death certificate will be returned to the Claimant on completion of the claim process.

#### PART I - STATEMENT OF PARTICULARS OF THE DECEASED

1. Full Name of Deceased Officer.....
2. Personal No..... National ID No.....
3. Date of Birth.....Date of Death.....
4. Designation..... Job Group.....
5. Ministry/State Department/County .....
6. Name of Head of Department.....

Designation..... P/No.....

Ministry/State Department/Department.....

Signature..... Date.....

**PART II - STATEMENT OF PARTICULARS OF THE CLAIMANT/NEXT OF KIN (S)**

1. Full Name of the Claimant/Next of Kin(s)....., .....

2. National ID No....., .....

Relationship to deceased Officer.....

3. Home County.....Sub County.....

4. Location.....Sub-Location.....

5. Contact Address.....Phone No.....

6. Bank Account Details:

Name of Bank.....

Branch.....

Account Name.....

Account No.....

Signature..... (of duly nominated representative of next of kin (s)

Date.....

**PART III - CERTIFICATION BY HEAD OF HUMAN RESOURCE MANAGEMENT IN THE MINISTRY/STATE DEPARTMENT/COUNTY HEADQUARTERS**

I certify that Mr./Mrs./Ms.....ID/ No..... is the eligible beneficiary and should be paid Last Expense/Group Life Claim in accordance with the provisions of the Civil Servants and Disciplined Services Medical Insurance Scheme.

Name of Head of Human Resource Management Division.....

Designation.....P/No.....

Ministry/State Department/County.....

Date.....Signature.....

**PART IV - CASES TO BE ADMINISTERED BY PUBLIC TRUSTEES**

All cases where the Principal Member dies without an updated list of beneficiaries, the last expense and Group Life benefits will be forwarded to the Public Trustee for administration as required by law.



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FOR FURTHER INQUIRIES REGARDING THE SCHEME PLEASE CONTACT NHIF through:-

P.O. Box 30443-00100 Nairobi

Tel. 020 2723255/46/90, Toll- Free Line 0800 720601

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

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

