



Premium Health Ltd.

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SUBSCRIBER DATA FORM A

Please fill clearly in block letters and attach 2 identified passport size photographs of each beneficiary/dependant.

Attach
Passport
Here

PRINCIPAL BENEFICIARY

*SURNAME _____ *FIRST NAME _____

OTHER NAME _____ * PHONE /MOBILE _____

*HOMEADDRESS _____ *CITY _____ *STATE _____

*EMPLOYER'S NAME _____ * EMPLOYEE CODE _____

*EMPLOYER'S ADDRESS _____ *CITY _____ *STATE _____

*BRANCH/DEPT. _____ *E-MAIL _____

OCCUPATION _____ DESIGNATION _____

SEX _____ *DATE OF BIRTH _____ STATE OF ORIGIN _____

MARITAL STATUS _____ ALLERGIES/DRUG REACTION _____

*BLOOD GROUP _____ *GENOTYPE _____

SPOUSE

SURNAME _____

OTHER NAMES _____

*ADDRESS _____ *CITY _____ *STATE _____

*SEX _____ * DATE OF BIRTH _____ STATE OF ORIGIN _____

*BLOOD GROUP _____ *GENOTYPE _____ *PHONE NO _____

ALLERGIES/DRUG REACTION _____

CHILDREN/DEPENDANTS

	1	2	3	4
SURNAME				
OTHER NAMES				
SEX				
BLOOD GROUP				
GENOTYPE				
ALLERGIES/DRUG REACTIONS				
DATE OF BIRTH				

*

PLAN TYPE	BASIC PLAN	SELECT PLAN	COMPRHENSIVE PLAN	PLATINUM PLAN

*NAME OF PROVIDER HOSPITAL _____

*LOCATION _____ *CITY _____ *STATE _____

NB: FIELD MARKED * COMPULSORY

**SUBSCRIBER DATA FORM
PAST MEDICAL HISTORY**



Do you or any member of your family suffer from any of the under listed ailments? If so, kindly indicate as appropriate in the space provided:

- a. Hypertension
- b. Diabetes Mellitus
- c. Peptic Ulcer Disease
- d. Sickle Cell Anemia
- e. Glaucoma
- f. Heart Disease
- g. Kidney Disease
- h. Epilepsy
- i. Asthma
- j. Tuberculosis
- k. HIV/AIDS

Name _____ ailment/s _____

Name _____ ailment/s _____

Name _____ ailment/s _____

Have you had a surgical operation before? Yes/No

If Yes, state type _____ Date _____

Any other relevant medical information _____

*

DECLARATION

I hereby declare that all information given above is true to the best of my knowledge and no relevant information has been withheld or concealed.

Name

Signature

Date

OFFICIAL USE ONLY

PLAN TYPE _____ NUMBER _____

HOSPITAL CODE/S _____

LOCATION _____

*31B, ITAJAJI ROAD,
DOPLPHIN ESTATE, IKOYI, LAGOS.
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