

# REGISTRATION FORM

PRINCIPAL	SPOUSE	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3	DEPENDANT 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): \_\_\_\_\_

Alternate/Staff ID: \_\_\_\_\_

Indicate Customized Plan Name below

- HyBoost Plan
  HyBrid Plan
  HyValue Plan
  HyEnhanced Plan

Cover type (Please tick below as appropriate)

- Staff only
  Staff & Spouse
  Staff, Spouse & Children

**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 1**

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Other Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(dd/mm/yyyy) **Gender:** \_\_\_\_\_  
(M/F)

**DEPENDANT 2**

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Other Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(dd/mm/yyyy) **Gender:** \_\_\_\_\_  
(M/F)

**DEPENDANT 3**

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Other Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(dd/mm/yyyy) **Gender:** \_\_\_\_\_  
(M/F)

**DEPENDANT 4**

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Other Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(dd/mm/yyyy) **Gender:** \_\_\_\_\_  
(M/F)

**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 attaining the statutory age of majority

Staff's Signature & Date: \_\_\_\_\_ HR Representative Signature & Date: \_\_\_\_\_