



National Police Service and Kenya Prisons Service Medical Scheme



Member Registration Form

PRIMARY MEMBERS DETAILS

Personnel Number	National ID	Gender	
Last Name	First Name	Middle Name	
Workstation County	Sub County	Job Group	
Mobile Number	PIN Number	D.O.B	

DEPENDENTS DETAILS

(One Spouse and a Maximum of Five Biological/ Legally Adopted Children)

Relation	Last Name	First Name	Middle Name	National ID	D.O.B	Mobile No	
Spouse							
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							

NOTE:

- For your spouse, attach a certified copy of Marriage certificate (for civil & religious marriage), Kadhi certificate, Signed affidavit or chiefs letter for customary marriage.
- Please attach certified copies of Birth Certificates or legal adoption papers for all dependent children. For children under six (6) months birth notification is acceptable
- Please attach proof of schooling for children between age of eighteen (18) years and twenty five (25) years if still substantially dependent on the parents and enrolled full-time in a recognized post- secondary institution, not married and not working.
- Please provide proof of disability for children above (18) years and are physically/mentally challenged and are still dependent on the parents, not married and not working.

NEXT OF KIN DETAILS

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

DECLARATION:

I shall abide by the rules of the National Police Service and the Kenya Prisons Service medical scheme and declare that the above statements are true and complete. I consent to the Scheme Administrators seeking information from any doctor I or my dependents have consulted.

I shall take full responsibility and consequences for any of my actions or those of my dependents under the scheme.

DATE

SIGNATURE

COUNTY/ UNIT/ FORMATION VALIDATION

STAMP

DATE

HUMAN RESOURCES VALIDATION

STAMP

DATE

Communication:

Officers are requested to contact the administrator for any enquiries or clarifications on the new medical scheme as follows:

Tel: 0730604000

Email: nps.kps@aon.co.ke