

# UNIVERSITY OF NAIROBI

## UNIVERSITY HEALTH SERVICES

### Medical Scheme Form for Grades I-IV

#### Part I

In order to be enrolled on the membership of the University Medical Scheme, you are required to give below details of yourself and six members of your immediate family (i.e. one wife and five children) who qualify for the scheme under the regulations set out in the “University Management and Union Agreement”.

Any changes affecting membership of the scheme which may arise during your service e.g. births or deaths should be notified to the University Health Services department and the Personnel Division of Central Administration. Persons not notified to these departments will not be accepted for attention by the University Medical Officers.

#### NOTE:

- 1) Only dependant children of a member of staff, including legally adopted children, who are under the age of 21 and unmarried qualify for membership of the scheme.
- 2) In the case of adopted children, copies of legal documents of such adoption should be submitted to the above mentioned departments
- 3) Children over 21 years of age undergoing fulltime higher or other education in institutions registered by the Ministry of Education are also eligible for membership. Evidence of enrollment for such education courses should also be provided to include date of commencement and expected completion.
- 4) One colored passport size photograph of every member of the family who qualify for the scheme should be attached (not glued), labeled with the member’s name at the back.
- 5) Copies of the birth certificate or birth notification for each dependant child should be attached

#### Part II (Particulars of Employee)

FULL NAMES .....PERSONAL NO. ....

DESIGNATION .....APPOINTMENT DATE .....

DEPARTMENT .....COLLEGE.....

TERMS .....

#### Part III (Head of Department)

I certify that the above named person works in my department on permanent/contract/temporary terms.

Stamp and Signature..... Date.....

**Part IV (Particulars of Dependants)**

	<b>Full Names(Not initials)</b>	<b>Gender</b>	<b>Date of Birth (DD/MM/YY)</b>	<b>Relationship</b>	<b>Remarks</b>

I certify that the details given above are true and correct.

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

Cc  
Personnel Division