



BENEFICIARY APPLICATION FORM

FOR ALL BENEFITS UNDER THE NHF PROGRAMME INCLUDING JAMAICA DRUGS FOR THE ELDERLY PROGRAMME (JADEP).

All Information Submitted Will Be Kept Confidential

NHF CARD

CHANGE REQUEST

For Office Use Only

IF CHANGE REQUEST IS SELECTED, PLEASE INDICATE BELOW THE CHANGE OPTION NEEDED

CHANGE MEMBER DETAILS

REPLACE CARD

UPDATE MEDICAL RECORD

SECTION A (APPLICANT)

if applicant is under 18, Section A & B must be completed by an adult.

MEMBER NUMBER

SURNAME

FIRST NAME

TITLE

MIDDLE NAME

TRN

MAILING ADDRESS (Apartment / Street Name & Number)

BIRTHDATE (YYYY-MM-DD)

AGE

GENDER

M F

OCCUPATION

POST OFFICE

EMAIL

PARISH

HOME PHONE

CELLULAR PHONE

SECTION B (GUARDIAN)

To be completed by a Parent / Guardian / Field Officer / Institution

TYPE OF RELATIONSHIP (CHOOSE RELATED OPTION)

PARENT GUARDIAN FIELD OFFICER INSTITUTION

NAME OF INSTITUTION (Where Applicable)

SURNAME

FIRST NAME

TITLE

MAILING ADDRESS ADDRESS (Apartment / Street Name & Number)

POST OFFICE

PARISH

IDENTIFICATION NUMBER

ID TYPE

DRIVER PASSPORT VOTER

I CERTIFY THAT I AM A RESIDENT OF JAMAICA AND THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE.

APPLICANT SIGNATURE/ GUARDIAN

DATE (YYYY-MM-DD)

SECTION C (MEDICAL)

This section must be completed by a Registered Medical Practitioner

I CERTIFY THAT

HAS THE FOLLOWING MEDICAL CONDITION (S).

DATE (YYYY-MM-DD)

CONDITION	SEVERITY	CONDITION	SEVERITY	CONDITION	SEVERITY
ARTHRITIS	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	HIGH CHOLESTEROL	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	PROSTATE CANCER	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
ASTHMA	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	HYPERTENSION	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	PSYCHOSIS	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
BREAST CANCER	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	ISCHAEMIC HEART DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	RH FEVER / RH HEART DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
BENIGN PROSTATIC HYPERPLASIA	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	LUNG CANCER	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	SICKLE CELL DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
COLORRECTAL CANCER	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	LUPUS	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	THYROID DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
DIABETES	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	MAJOR DEPRESSION	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	VASCULAR DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>
EPILEPSY	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	MULTIPLE MYELOMA	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>		
GLAUCOMA	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>	PARKINSON'S DISEASE	MILD <input type="checkbox"/> SEVERE <input type="checkbox"/>		

DOCTOR'S SURNAME

FIRST NAME

OFFICE ADDRESS (Shop / Street Name & No. or District)

PARISH

OFFICE PHONE

MCJ REG NO.

TOTAL # OF CONDITION (S)

DOCTOR'S SIGNATURE

Revision Number 9.0

Date Released: September 7, 2020



Protecting your personal data is important to us. We process your personal data in accordance with our Privacy Notice as is required under the Data Protection Act. The full NHF Privacy Notice is available on the National Health Fund website at <https://www.nhf.org.jm/privacy>

Scan for Privacy Notice

FOR PICK-UP ONLY

APPLICANT'S NAME

TRN

DATE (YYYY-MM-DD)

NAME OF REGISTRATION CLERK

NOT FOR SALE

INSTRUCTIONS

For new Applications, or for updating Medical Records ALL fields are required to be completed:

- Name
- TRN
- Address
- Contact Information
- Signature of Applicant / Guardian
- Doctors Medical Council Registration Number
- Doctors Signature

N.B TRN and Doctors information must be included to process your application for the NHF Card

If you have lost your NHF Card, please complete the NHF Application and ensure that the following fields are completed:

- Name
- TRN
- Signature of Applicant / Guardian

Forms may be submitted to any of our following NHF Card Print Locations:

- Head Office, 25 Dominica Drive - New Kingston
- Cornwall Regional Hospital (CRH) - St. James
- Mandeville Regional Hospital (MRH) - Manchester
- Spanish Town Hospital, Drug Serv - St Catherine
- Linstead Hospital, Drug Serv - St. Catherine
- Princess Margaret Hospital Drug Serv - St. Thomas
- Port Maria Hospital, Drug Serv - St. Mary
- Black River Hospital, Drug Serv - St. Elizabeth
- Noel Homes Hospital, Drug Serv - Hanover
- Port Antonio Hospital Drug Serv - Portland
- Union Square Drug Serv - Cross Road
- St. Ann's Bay Hospital (SABH) Drug Serv - St. Ann
- May Pen Regional Hospital, Drug Serv - Clarendon
- Greater Portmore Health Centre, Drug Serv - St. Catherine
- Kingston Public Hospital (KPH) Drug Serv - Kingston
- Percy Junor Hospital, Drug Serv - Manchester
- Santa Cruz Health Centre, Drug Serv - St. Elizabeth
- Savanna-la-mar Hospital, Drug Serv - Westmoreland
- Lionel Town Hospital, Drug Serv - Clarendon
- Falmouth Hospital Drug Serv - Falmouth

N.B Your card will be ready the same day within 15 minutes once the form is correctly completed. For addition of new conditions, you will not get a new card but your medical records will be updated within 24 hours.

Opening Hours

Our Same Day Locations at Drug Serv Pharmacies are open to the general public:

Mondays to Thursdays - 8:30am to 4:30pm

Fridays - 8:30am to 3:30pm

Our Customer Care Centre at Head Office is open:

Mondays to Thursdays from 7:00am to 4:30pm and on Fridays from 7:00am to 3:30pm.

Our Customer Support Call Centre service extends to 7:00pm Mondays to Fridays.

Here are some helpful tips:

- Never leave your card unattended; if card is damaged, lost or stolen report it to us immediately.
- Your NHF Card never expires.
- Kindly present the NHF card every time you fill your prescription at any NHF participating pharmacy.

If you have further questions or queries, feel free to contact us: toll free (888)-342-5643; (876)-906-1106; visit our website at www.nhf.jm or our social media pages @nhfjamaica.

