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## Foreword

The Government implemented a Comprehensive Medical Insurance Scheme for Civil Servants and Disciplined Services in 2012. NHIF was selected as the service provider and contracted to provide a comprehensive medical insurance cover, including group life and last expense as riders.

The scheme started with a basic coverage of a principal member and four dependants (M+4). This has been enhanced over the years to cover the principal member and six dependants (M+6).

Due to the unique working conditions of the NPS and KPS officers, the Ministry of Interior and Coordination of National Government in 2016/2017 financial year commenced the process of putting in place a comprehensive insurance cover to cater for medical and life insurance needs of these officers. This led to the exit of NPS and KPS officers from the Civil Servants and Disciplined Services Medical Scheme on 1st October 2016.

Consequently, feedback from the NPS and KPS officers led to negotiations with NHIF to provide a comprehensive cover to the officers and their eligible dependants culminating in the signing of a contract between the Ministry and NHIF effective 1st October 2017.

The features of the new enhanced cover include; Inpatient, Outpatient, Dental, Optical and other Specialized Medical services, Annual medical check-ups for member and spouse, Road Ambulance, Air and Sea Evacuation, Overseas Treatment and Last Expense.

Additionally, scheme beneficiaries can be treated in any Health Care Provider recognized by NHIF as per the

Contract and Scheme guidelines. In the previous years, it was observed that members were not able to enjoy full benefits of the cover due to lack of awareness on available benefits. I note that this superior medical cover now available to members of NPS and KPS will benefit them if they are aware of its salient features.

It is imperative that the beneficiaries have a constant and readily available source of information so as to ensure full access to the benefits provided in the scheme. This handbook therefore, serves to enlighten you on your medical scheme entitlement, the medical benefit packages, how to access the benefits, exclusions and other issues pertaining to your medical cover. I wish you good health and seamless access to your medical cover.



Joseph K. Boinnet MGH, NSC (AU),  
Inspector General,  
National Police Service

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## Acknowledgement

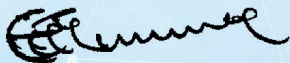
As the largest health insurer in Kenya, NHIF has the responsibility of delivering universal health coverage. This aligns with Vision 2030, Kenya's development blueprint and the Government's commitment to promote equity and provide efficient and high quality health care. In recognition of this vital role, NHIF has incrementally expanded the benefits offered to accommodate the member's needs.

In compliance with Section 34 of the Employment Act, the Government of Kenya, in 2012, partnered with NHIF to provide medical insurance scheme to Civil Servants and Disciplined Services and their eligible dependants. In the year 2017, the National Police Service (NPS) and Kenya Prisons Service (KPS) negotiated a comprehensive health insurance for their employees and their eligible dependants.

The salient features of this scheme include portability of services, higher premiums for optical and dental care and last expense for M+1. As NHIF, we are committed to closely work with all stakeholders to ensure efficient and effective management of the scheme to the satisfaction of the beneficiaries. There shall be regular sensitization of the members to ensure they are informed on the scheme provisions. Further, Monitoring and Evaluation of the scheme shall be done regularly to collect feedback from various stakeholders.

This handbook has been developed to provide detailed information to the scheme beneficiaries, Health Care Providers and NHIF staff on the scheme administration.

Special thanks go to the joint committee drawn from NHIF, NPS and KPS for their dedication in the preparation of this handbook.



Geoffrey Mwangi  
Chief Executive Officer  
National Hospital Insurance Fund

## 1.0 INTRODUCTION

On 1st of October 2017, the Ministry of Interior contracted NHIF to provide a comprehensive Medical Insurance Scheme for NPS and Prisons together with their eligible dependants. The provisions of the scheme are as follows:

- i. The medical cover caters for the principal member, spouse and five declared children of up to 21 years of age and/or a maximum of twenty five (25) years of age if still enrolled in fulltime formal education (M + 6);
- ii. Members and their eligible dependants' access outpatient, inpatient and specialized medical services in NHIF recognized Government, Faith-based and Private Health Facilities across the Country;
- iii. Outpatient treatment shall be without limits/ceilings in Government, Faith based and some private hospitals for officers in Job Groups A-L, PG 1-7 (NPS and PG 1 -8(Prisons). Outpatient limits/ceilings in high cost private hospitals for officers in Job Groups M-T, PG 8-15 (NPS), PG 9-15 (Prisons) and their eligible dependants shall apply.
- iv. Inpatient treatment shall be without limits/ceilings in Amenity wards in Government, Faith-based and some private hospitals for officers in Job Groups A-L, PG 1-7 (NPS) and PG 1 - 8 (Prisons). In-patient limits/ceilings in high cost private hospitals for officers in Job Groups M-T, PG 8-15 (NPS), PG 9-15 (Prisons) and their eligible dependants shall apply.
- v. The scheme shall cater for treatment outside the country for medical conditions whose treatment is not available in Kenya. All costs in terms of Medical expenses, travel costs and stay outside the hospital for the patient (member or dependant) and the person accompanying the patient shall be covered

- subject to preauthorization by NHIF;
- vi. NHIF shall meet foreign travel and accommodation costs for the patient's organ donor subject to preauthorization;
  - vii. NHIF shall reimburse expenses arising while a member is temporarily abroad on official duty and requires emergency treatment for an illness or injury that occurs during the period of travel, provided that such period does not exceed six weeks (6) in any visit;
  - viii. The scheme shall provide for local road and water ambulance services for transportation and transfer of a sick member or dependants for treatment to the nearest Health Care Facility (emergency only) or an NHIF recognised hospital;
  - ix. The Scheme shall provide for Emergency Air Rescue Services to transport and or transfer an injured member of the Scheme to an NHIF recognized facility; and
  - x. The Scheme shall provide for Last Expense for the principal members at a rate of Ksh 200,000/= and Ksh 50,000/- for one declared dependant (M+1).

## 2.0 MEMBERSHIP

### 2.1 Eligibility

The following are eligible for the cover:

- i. National police officers, Kenya Prisons officers and Civil servants working for the National Police Service and the Kenya Prisons Service;
- ii. Declared spouse by the principal member;
- iii. Five declared children up to 21 years of age or 25 years for a child enrolled in fulltime formal education;
- iv. There is no age limit for dependants with Disability (proof of registration with the National Council for Persons with Disability will be required);
- v. Principal Members must register with NHIF.

### 2.2 Registration Requirements

The Members that have never registered with NHIF before or declared their dependants are required to fill a Registration form (NHIF 2) available at any NHIF office, Huduma Centres or NHIF website ([www.NHIF.or.ke](http://www.NHIF.or.ke)). The applicant must attach:

- i. Coloured passport size photos of principal member and all declared dependant(s);
- ii. Photocopies of identification cards for principal member and spouse (where applicable); and
- iii. Copies of birth certificates for all children or birth notification for child(ren below six (6) months and adoption certificate and disability identification, where applicable.

### 2.3 Registration Updates

If an employee is already a registered member of NHIF, they should ensure the details of their dependants are accurately reflected in the NHIF records by confirming at the nearest NHIF office or Huduma Centre. A member may wish to add or amend his or her details or those of the dependants as follows:-

### 2.3.1 Declaration of Spouse

Fill NHIF 26 form (see Appendix II) and attach copies of I.D for Member and the Spouse together with coloured passport size photograph of the spouse.

### 2.3.2 Declaration of Child

Fill NHIF 26 form and attach a copy of the birth certificate or birth notification for a child below six (6) months, adoption certificate or disability identification, where applicable.

### 2.3.3. Change of Spouse

Fill in NHIF 26 form and attach the following documents:

- i. Copies of I.D for member and spouse
- ii. Coloured passport size photo of spouse
- iii. Marriage certificate/Affidavit from a Commissioner of Oath and/or
- iv. Death Certificate/Divorce Certificate.

### 2.3.4 Amendment of Member Details

Fill an amendment form (NHIF 26) and attach copies of I.D and state on the form the required amendments or change requested.

## 2.4 Additional Dependants Premiums

More dependants can be covered on payment of an additional premium.

Additional Dependants Premium Table

Civil Service Job Group	Police Officers Grades Job Group	(Prison Officers) Job Group	Annual Premium for each additional dependant (One Dependand)
A-G	PG 1&2	PG 1&2	4,500
H	PG 3	PG 3	4,500
J	PG 4&5	PG 4&5	4,500
K	PG 6	PG 6&7	4,500
L	PG7	PG 8	4,500
M&N	PG 8&9	PG 9&10	11,500
P	PG 10	PG 11	12,500
Q		PG 12	13,000
R-T	PG11,12	PG12,14&15	14,000

## 3.0 BENEFITS PACKAGE

The scope of benefits includes comprehensive outpatient and inpatient medical treatment both within the country and overseas for the principal member and eligible dependants. In addition the cover provides for last Expense Cover for the Principal Member and one dependant.

### 3.1 Out-patient Cover

The outpatient benefit package includes both curative & preventive services which comprise, but not limited to:

- i. Consultation
- ii. Laboratory investigations
- iii. Drugs administration & dispensing
- iv. Dental health care services
- v. Radiological examinations
- vi. Nursing and midwifery services
- vii. Maternal Child Health/Family Planning
- viii. Minor surgical procedures e.g. Circumcision
- ix. Optical care
- x. Rehabilitation services
- xi. Annual medical check-up
- xii. Referral for Specialized Services
- xiii. Ambulance services
- xiv. Day care services such as Manual Vacuum Aspiration (MVA), surgery and other medical services deemed fit by the clinician e.g. cases whereby a clinician may use the local anaesthesia to numb a particular part of the body which may include minor surgery like incision, drainage and suturing of wounds.

### 3.2 Dental Care

The Dental Cover includes dental consultation, orthodontics, root canal, dentures, Cost of filling, X-rays and Extractions including surgical extractions together with anaesthetics fees, hospital and operating theatre cost. The Dental Cover can be accessed as per the provided limits in Table B on a Fee for Service basis.

### 3.3 Optical Care

A member shall benefit in the proportion of expenses on a Fee for Service basis as shown on table B for the cost of the eyeglasses and eye testing.

#### 3.3.1 Table B - Dental and Optical Limits

Job Groups	Optical(Kes)	Dental(Kes)
All Job Groups	100,000	60,000

NB. Provided the total cost in any one period of insurance does not exceed the limits specified in Table B.

### 3.4 Tests for Organ Donor(s)

- i. NHIF shall meet the pre-tests costs for organ donor identification for cases of cornea, small bowel, Kidney, Pancreas, liver, heart, lung up to a maximum of two(2).
- ii. The potential donor(s) shall be paid up registered member(s) or enrolled as a member of NHIF.

### 3.5 Annual Medical Check-up

The principal member and spouse are eligible for annual general medical check-up at an NHIF recognized healthcare facility for the scheme beneficiaries. Medical check-up will entail examination of the following:

- i. Body mass index
- ii. Full Haemogram
- iii. Cholesterol
- iv. Blood sugar
- v. Gamma GT
- vi. Urinalysis
- vii. PSA (Prostate Specific Antigen for Men)
- viii. Pap smear for all women
- ix. Mammogram

NB: Health Care Facilities that are unable to offer the above scope of services are advised to refer the member

to other facilities (members shall not be required to pay for these services on referral).

### 3.6 Vaccinations

KEPI vaccines, Rota virus vaccine, Anti - rabies, Anti -Snake venom and yellow fever vaccine shall be catered for in the scheme. The vaccinations shall be availed at the recognized health care facilities.

#### 3.6.1 How to Access Out-Patient

Members are expected to seek Out-Patient treatment in an NHIF recognized medical facilities for the scheme. Members in Job Groups A-L, PG 1-7 (NPS) and PG 1 - 8 (Prisons) shall have unlimited outpatient services in the recognized health facilities. Members in job groups Job Groups M-T, PG 8-12 (Police), PG 9-15 (Prisons) shall access outpatient services in the recognized health care facilities subject to their annual limits as indicated in Table C.

The following documents are required at the point of service:

- i. A copy of NHIF card OR
- ii. A copy of the National Identification card of the principal member or Staff Identification Card.

### 3.7 In-patient Cover

Inpatient care shall include all medical and surgical conditions which need admission and where the management will be of therapeutic value. The Inpatient cover includes the following:

- i. Hospital accommodation charges
- ii. Nursing care
- iii. Diagnostic, laboratory or other medically necessary facilities and services
- iv. Rehabilitation services
- v. Operating theatre services
- vi. Specialist consultations or visits
- vii. Radiology services

- viii. Drugs prescribed by treating clinician
- ix. Pre-hospitalization procedures such as laboratory, x-ray or other medical diagnostic procedures and tests

### 3.7.1 Maternity and Reproductive Health Cover

This cover includes the following:-

- i. Consultation and treatment for both mother and child,
- ii. Cost of Child birth including caesarean section deliveries
- iii. Family planning services.

### 3.7.2 How to Access In-patient Services

In-patient treatment shall be on referral basis from recognized outpatient healthcare facilities. These services shall be accessed as follows:-

- i. Members in Job Group A-L, PG 1-7 for NPS and PG 1 - PG 1-8 for Prison Officers will access comprehensive benefit in case they fall sick in the Private wing in the two national referral hospitals, amenity wards in Government hospitals and Ward Beds in Faith based and Medium Cost Private Hospitals in facilities designated to them.
- ii. Members in Job Group M - Q, PG 8-10 for NPS and PG 9 - 12 for prisons officers shall access comprehensive benefit subject to their limits in Private wing in the two National referral hospitals, Amenity wards in Government hospitals and ward beds in Faith based and private hospitals. Job Group R, S, T, PG 11 - 12 for NPS and PG 13 -15 for Prisons officers can access private single rooms in the facilities designated to them.
- iii. Members seeking In-Patient treatment are required to provide:-

- a. A copy of NHIF card;
- b. A copy of the Principal Member's National Identification card;
- c. A copy of the spouse's National Identification card in case the spouse is the patient;
- d. Copy of birth certificate or birth notification for child(ren) below six (6) months or copy of adoption certificate where applicable in case of child admission;
- e. For Dependants with Disability and are above 21 years of age, a copy of proof of registration with the National Council for Persons with Disability will be required.
- f. For dependants above 21 years of age but who are still enrolled in school, a letter of proof that the child is enrolled in a full time learning institution will be required.

3.7.3 Table C: Outpatient and Inpatient Annual Limits

Job Groups	NPS Officers	Prison Officers	In- Patient	Out-Patient
A-G,	PG 1 & 2	PG 1 & 2	Unlimited	Unlimited
H,	PG 3	PG 3	Unlimited	Unlimited
J,	PG 4 & 5	PG 4 & 5	Unlimited	Unlimited
K,	PG 6	PG 6 & 7	Unlimited	Unlimited
L,	PG 7	PG 8	Unlimited	Unlimited
M&N	PG 8 & 9	PG 9 & 10	2,750,000	350,000
P,	PG 10	PG 11	3,000,000	400,000
Q,		PG 12	3,250,000	450,000
R,S,T,	PG 11 & 12	PG 13, 14 & 15	3,500,000	500,000

### 3.8 Travel Insurance

Travel insurance shall be issued to officers travelling out of the country either on private or official duties.

### 3.9 Emergency Treatment

A medical Emergency is defined as any medical condition that is potentially life-threatening which if not immediately attended to will lead to loss of function or loss of life.

- i. In case of a medical emergency, members and/or their declared dependants shall access services in any NHIF recognized health facility. The facility shall communicate to the nearest NHIF service point for purposes of reimbursement. Members shall be expected to report cases of emergency or emergency admissions to the nearest NHIF service point. Members shall not be required to meet the cost of such treatment.

### 3.10 Referrals

The NHIF recognized Health Care Provider has a proper referral system and shall refer the beneficiaries to a lower level facility or higher level facility depending on the medical and health care services required. The types of referral shall be:-

- i. Outpatient to outpatient: Referral from a lower/higher level facility
- ii. Outpatient to inpatient: Referral for inpatient services.
- iii. Inpatient to inpatient: Referral from a lower/higher Inpatient facility.
- iv. Inpatient to Outpatient: Referral from a higher/lower level facility

#### 3.10.1 Referral Protocol

A scheme member shall seek treatment in the NHIF recognized health care facilities contracted to offer services

to scheme beneficiaries for specific job groups. However, where the facility lacks a particular service, the facility shall refer the member to any other health provider where the service is available.

### 3.11 Notification/Letters of Undertaking

The hospital shall notify NHIF for authorization in cases of day care surgery and other specialized services and provide details of the client and the medical scheme applicable to the patient.

### 3.12 Overseas Treatment

- i. Treatment costs for beneficiaries arising from a condition that warrants treatment not available in Kenya shall be covered subject to pre-authorization by NHIF, NHIF shall cater for treatment cost and cost of travel for Member or Dependents and travel and accommodation costs for one person accompanying the patient.
- ii. Medical personnel accompanying a patient on recommendation by the referring Doctor shall be paid for a return air ticket and accommodation for a period not exceeding two days.
- iii. In cases of organ transplant, NHIF shall also cater for treatment and travel cost for the organ donor.
- iv. NHIF shall reimburse claims related to emergency treatment incurred while the principal member is temporarily outside the country on official duty as long as the period is not exceeding six weeks at any one visit.

#### 3.12.1 Requirements for Overseas Treatment

- i. Referral letter from the facility or specialized consultant.
- ii. Approval letter from the Kenya Medical Practitioners

and Dentist Board (KMPDB).

- iii. A letter from line Ministry/department to the Director of Medical Services supporting the referral.
- iv. Approval letter from the Director of Medical Services.
- v. Pro-forma invoice from the referred facility.
- vi. Based on the completeness of the above requirements
- vii. NHIF shall then approve for travel and treatment.

### 3.13 Emergency Rescue Services

#### 3.13.1 Local Road Ambulance

Ambulance services for transportation and transfer of a sick member or dependant for treatment to the nearest NHIF recognized Health Facility is provided as follows:

- i. Emergency road transfer services by E-plus (Kenya RedCross Society) is for all scheme members and dependants covered.
- ii. Members can access E-Plus (Kenya Red Cross) Helpline 24 hours a day through a toll free line - 1199.

#### 3.13.2 How to Access

When there is need for a medically indicated transfer or during a medical emergency:

- i. A call shall be made to any of the Emergency Medical Dispatch numbers (0700395395, 0738 395395) for an ambulance;
- ii. A call can also be made to the Toll free line - 1199;
- iii. The caller should state the principal member's full names, NHIF number, location/facility, nature of the emergency, telephone number and or where to be transferred to; and
- iv. The caller shall be requested not to hang up until the dispatcher allows him/her. The nearest available ambulance shall be dispatched to the location or site immediately after verifying membership validity.

### 3.13.3 Emergency Air Rescue

Emergency Air Rescue is available for transportation and transfer of an injured Principal member of the Scheme to health facilities where adequate treatment is available. AMREF Flying Doctors has been contracted to provide emergency air rescue services to the National Police service and Kenya prisons service officers spread across the country. The cover includes:

- i. Two evacuation flights per year per member; and
- ii. Two ground ambulance transfers per year within Kenya.

The Service Provider will facilitate a local road ambulance to transfer the patient from the airport/airstrip to the nearest N.H.I.F recognized Health Care Provider.

### 3.13.4 How to Access

- i. In case of emergency contact the emergency control centre through telephone Numbers :0733639088, 0722314239, 020662299, Email: [emergency@flydoc.org](mailto:emergency@flydoc.org)
- ii. State your name, telephone contact, location/ facility and nature of emergency.

## 4.0 SPECIALIZED SERVICES

NHIF shall cover a member or dependant for Dental, Optical, Hearing Aids, Drug and Substance Abuse Rehabilitation Services, Renal, Trauma, Diabetes, ICU, HDU, Intensive therapy, Coronary Care, hypertension, In Vitro Fertilization (IVF) treatment, Ultrasound, ECG, MRI, CT- Scan, Prosthesis/ Prosthetic limbs, Wheel Chairs, Orthopaedic Appliances and Cancer medical care and treatment services. The total coverage under this section in any one period of insurance shall not exceed the limits specified in the limits of liability and the cover shall be available at NHIF recognized and contracted specialized facilities.

## 5.0 LAST EXPENSE

NHIF shall, upon death of a principal member while this cover is in force pay to the next of kin Last expense of Kshs. 200,000 per Principal member and Kshs. 50,000 shall be paid upon the demise of any one declared dependant of the member. The principal member or the declared next of kin shall be required to complete a claim form and forward to the respective head of human resource management in the National Police Service or the Kenya prisons service headquarters with the following documents:

- i. Original burial permit; and
- ii. Duly completed claim form.

### 5.1 Procedure for accessing Last Expense

- i. All notifications of death to NHIF shall be signed by the Head of Human Resource Management Unit or in their absence, the Deputy Head of HR in the respective Service of the deceased officer and/or dependant within thirty (30) days of occurrence. Any notification/claim not signed by the Head/Deputy of HRM Unit shall not be accepted.
- ii. The Head of Department at the headquarters shall complete and sign Part I and Part III of the Claim Form and ensure that the beneficiary/next of kin completes Part II of the form.
- iii. Head of Human Resource shall then forward the completed form to NHIF for processing of the benefit.
- iv. The Head of Human Resource Management Unit must certify that the claimant is the eligible beneficiary before forwarding the claim form to NHIF and they shall be held personally accountable for inaccurate claims.

The scheme has three parties the Member, NHIF and the HealthCare Facility, whose roles are outlined below;-

## 6.0 OBLIGATIONS

### 6.1 Obligations of the Member

The member shall:

- i. Register with NHIF and declare all eligible dependants;
- ii. Provide necessary and correct documentation & information of themselves and dependants;
- iii. Update all beneficiaries in a timely manner;
- iv. Not engage in fraudulent activities in order to unlawfully obtain benefits; and
- v. Abide by the provision of the Contract on benefit package and selection of health care providers.
- vi. Where a member is not able to access services as stipulated, they are encouraged to call or visit the nearest NHIF office for further assistance.

### 6.2 Obligations of the Health Care Providers

The health care provider shall:

- i. Render the agreed range of health services to bonafide scheme members and their beneficiaries;
- ii. Maintain high standards of quality healthcare services;
- iii. Not engage in any fraudulent activities in order to unlawfully obtain payments or any other benefits.
- iv. Fully abide by the provision of the contracts signed between the facility and NHIF.
- v. Need to notify NHIF on NPS/KPS member details and firsttrack the same to the nearest NHIF branches for approvals.

### 6.3 Obligations of NHIF

The obligation of the Fund in relation to the Member and Health Care providers shall be as follows:

- i. Recognize and contract healthcare providers;

- ii. Provide a list of recognized and contracted healthcare providers;
- iii. Register and issue members with membership cards;
- iv. Receive premiums;
- v. Ensure adherence to the terms of agreement by all parties;
- vi. Pay the service providers in a timely manner; and
- vii. Sensitize all stakeholders on the scheme.
- viii. Monitoring & Evaluation (bi-annual).
- ix. Expedite Pre-Authorizations

## 7.0 EXCLUSIONS

Exclusions are those services which are not covered in the benefit package. They may include but not limited to expenses incurred by a beneficiary as a result of:

- i. Cosmetic or beauty treatment and/or surgery;
- ii. Massage (except where certified as a necessary part of physiotherapy following an accident or illness);
- iii. Treatments arising from non-accredited health facilities and/or un-authorized referrals;
- iv. Expenses recoverable under any other insurance;
- v. Treatment by chiropractors, acupuncturists and herbalists or stays and /or maintenance or treatment received in nature cure clinics or similar establishments or private beds registered within a healthcare provider, convalescent and /or rest homes with 'cures' attached to such establishments;
- vi. Vaccines except KEPI vaccines, Rota virus vaccine, Anti -rabies, Anti -Snake venom, Yellow Fever (NHIF to liaise with the Ministry of Health and County Governments in the provision of the Vaccines);
- vii. Investigations, treatment, surgery for obesity or its sequel, cosmetic or beauty treatment and or surgery;
- viii. Claims expenses for Members who are outside the country on official duty for a period exceeding six weeks at anyone visit.
- ix. Charges recoverable under any Work Injury Benefits Act (WIBA) or any other medical plan; and
- x. Any other restrictions as provided for in the negotiated contracts.

## BRANCHES WITH THEIR SATELLITES

BRANCH OFFICE	LOCATION	ADDRESS	TELEPHONE
Kiambu	Mapa House, lower Grd, Biashara Street	254-00900, Kiambu	(066)2022137 (020)8055793, 07128330490
Thika	Nellion Centre, Kenyatta road	P/Bag, Thika	(067)2222271 (067)2231446 (020)2039910
Limuru	Njegi Plaza 3rd Fl, Market Street	1250-00217 Limuru	(020)3545484 (066)250262
Kirinyaga	Machere Plaza 1st Floor	510-10300 Kerugoya	(020)8031697
Laikipia	Laipha Hs 2nd Fl, Likipia ROAD	673-10400 Nanyuki	(020)2198401 (062)31400/01
Nyahururu	Kimwa Centre, 1st floor, Nyeri Nyahururu Highway	2237-20300	(020)-2620705 051-8007099
Muranga	Arahuka Building 1st floor, Kenyatta Highway	534-10200 Muranga	(061)2307610 0770310062 0771317799
Nyandarua	Business Park Bldg, 1st floor	602-20303 Ol'Kalou	0771290087
Nyeri	Lwale place, 1st floor, Kimathi Way, Field Marshall Mutungi rd	658-10100, Nyeri	(061)2030899 (061)2030957
Samburu	Oryx Service Station, GF, Rm 10	673-10400 Nanyuki	0774609439 0776018985
Kajiado	Hibo House 1st Flr, Namanga Rd	30-01100, Kajiado	(020)2304011 0710376931
Kitengela	Kitengela Plaza 1st Flr, Kitwngela-Namanga Rd	540-00242 Kitengela	(045)6620004 (045)6620005 (045)6620006
Ongata Rongai	Rescom House Ground Flr Magadi Rd	231-00511 Mbagathi	(045)3123325
Machakos	KCB 3rd Fl, Syokimau Rd	2017-90100 Machakos	(044)2021043 (044)2021686
Nairobi	NHIF Car Park Bg, Gd Floor	30443-00100 NRB	(020)2723256 (020)2723246 (020)2723281
Industrial Area	Liberty Plaza Opp Imara Daima Junction off Mbs Rd	143-00507 Viwandani	0775587958

## National Police Service & Kenya Prisons Service Handbook

Westlands	Bandari Plaza, 1st Fl, Woodvale Groove	719-00606 NRB	(020)4452462 (020)4449922
Ruaraka	ICPAK Building near KCA	76963-Mobil Plaza Nairobi	(020)2465578
Buruburu	Buruburu Business Complex, 3rd Flr Mumias Rd	1177-00515 Buruburu	(020)2465577 (020)7786690
Embu	Eastern Emporium 1st flr, Kenyatta Highway	1315-60100 Embu	(068)2230062 (068)22305546 (061)2311053
Garissa	Nothern site Bd, Sankuri Road	107-70100 Garissa	(046)2102020 (046)2102049 (020)2524608
Isiolo	Ibada Plaza 1st Flr	476-60300 Isiolo	(061)2303451
Mandera	Haji Mohamed Ibrahim Bldg	525-70300 Mandera	0773700837
Marsabit	Dadacha Hse	378-60300 Marsabit	(057)2513758
Moyale	Sherif Guest Hse, 1st Flr	278-60700 Moyale	(061)2308632
Meru	NHIF Bldg, Tom Mboya Street	2193-60200 Meru	(064)3130137 (064)3130629 (061)2311052
Chuka	Mombasa Hse, near Equity Bank	414-60400 Chuka	0771263765
Wajir	Nasib House Hospital Road	239-70200 Wajir	(020)2383263
Kabarnet	Mart Properties Ltd	310-30400 Kabarnet	(053)8000312 (053)21844
Bomet	Aggie Plaza	538-20400, Bomet	020-2531445
Sotik	Bureti Tea Growers Sacco Bldg	321-20406, Sotik	0770348695 0770348700
Iten	Baraka Plaza	370-30700, Iten	0773781133
Kericho	Sinendet Towers, 1st Flr	1948-20200, Kericho	(052)2020518 (052)2020618
Nakuru	AFC Bldg, 1st Flr, Kijabe Rd	155-20100 Nakuru	(051)2211181 (051)2213278
Naivasha	Jubilee Mall 2nd Flr	1981-20117	(050)(2020818 (050)2021489
Nandi Hills	Nandi Hills Plaza, 2nd Flr	302-30301 Nandi Hills	(053)8001686 (053)5252320
Kapsabet	Eden Plaza , 2nd Flr	120-30300 Kapsabet	(020)2646746 (053)5252320

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Narok	Maa Towers 1st Flr	918-20500 Narok	0773881838 0775513014
Kitale	Mega Centre, Mazanine Flr	921-302000 Kitale	(053)80003111 (053)8000314
Lodwar	Africana Bldg	471-30500 Lodwar	0770914918 (054)2221011
Eldoret	KVDA Plaza, Grnd Flr	3091-30100 Eldoret	(053)2030749 (053)2061400
Kapenguria	Kazeto Bldg, Grnd Flr	572-30600 Kapenguria	0770 867421
Kilifi	Equity bldg, 1st fl Kwa Chora Wamae Rd	1310-80108 Kilifi	(041)2011024 (041)7522414
Malindi	Barani Plaza, 1st Flr	1423-80200 Malindi	7753960092 (042)2011053 (042)31270
Kitui	Zein Bd, 1st Fl	1466-90200 Kitui	020-22919, 02022920, 020-2380377
Ukunda	Ali Mbarak Bldng, Grbd Flr, Beach Rd	1665-80400 Ukunda	(020)2351065 (041)2011054
Lamu	Zawadi Hs, Sea front Rd	358,80500 Lamu	041-2011052
Wote	Double K Plaza		774261541
Mombasa	NSSG Bldg Grnd Fl, Nkuruma Rd	84101-80100, Mombasa	(041)224360 (041)2227463
Voi	Mughonyi Plza, 1st Flr	471-80300 Voi	(043)2030052 (043)2030547 (020)2437484
Hola	Rayaan Complex, Hospital Rd	1423-80200 Malindi	020-8032490 020-2011050
Bungoma	Daimah Plaza (Bungoma-Kadunyi rd)	627-50200	(057)2504425
Busia	Tesla Plaza, 1st flr Kisumu	746-40201 Busia	(055)2222024
Homabay	Coldsprings, 1st Flr Olando Plaza, Grnd Flr	47-40300 Homa bay 74-40222 Oyugis 50-40305 Mbita	0775369644 0705813796 0722235144
Kakamega	Mega Mall 2nd Flr	280-50100 Kakamega	(020)2351271 (056)2030399
Mumias	Bemak Hse, 2nd flr,	967-50102 Mumias	(056)6641484 (056)66411005
Kisii	Ouru Complex 1st flr	3466-40200 Kisii	(058)2030426

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Kisumu	Re-insurance Plaza Grd Fl, Oginga Odinga Strt	231-40100 Kisumu	(057)2020638 (057)20200028
Migori	Amicus Plaza 2nd Flr	1183-40400	(059)20714 (059)20927 (020)2348712
Nyamira	Sakami Hse 1st flr	962-40500 Nyamira	775369601 (058)2031499
Siaya	Siala Plaza 1st Flr Court Rd	268-40600 Siaya	(057)2524078 (057)5321300
Vihiga	Cherry House, Ground flr	1449-50300 Maragoli	(0202)2063909



**NATIONAL HOSPITAL INSURANCE FUND**

P. O. Box 30443 - 00100, NAIROBI, KENYA

Website: www.nhif.or.ke Email: info@nhif.or.ke

**REGISTRATION FORM**

Tick where applicable  Employed  Self Employed  Organized Groups  Sponsored

Tick service required  Registration  Choice/Change facility

**Guidelines:**

1. Attach Copies of National Identity Card/Alien ID/Passport for both the contributor and spouse where applicable.
2. Please attach a copy of Birth Certificate for each child. For children under six (6) months, a birth notification is acceptable (only for members declaring their dependants for the first time)
3. For new registration of employed persons attach an introduction letter or have the form stamped by the employer.
4. For change/choice of medical facility please fill PART III

**PART I: MEMBER DETAILS**

Surname:..... Other Names:.....

NHIF No:..... National ID /Passport /Alien I.D No:.....

Date of Birth (DD/MM/YYYY)..... Gender (Male/ Female):.....

Employer/Organized Group Code:..... Sponsor Code:.....

Mobile No:..... Email Address:.....

Place of Residence (county)..... sub county.....

Postal Address:..... Postal Code:.....

**PART II: SPOUSE DETAILS**

Surname:..... Other Names:.....

National I.D./Passport/Alien I.D. No:..... Date of Birth (DD/MM/YYYY) .....

Gender (Male/Female):..... Mobile Phone No:.....

**PART III: CHILDREN DETAILS AND CHOICE/ CHANGE OF FACILITY**

Guidelines:

1. To choose an outpatient medical facility, please refer to the list of our accredited outpatient health facilities available in the N.H.I.F Website and Offices countrywide.
2. To access benefits one MUST be a duly registered member and must have declared their dependant.
3. To choose an Out patient facility,attach a copy of the contributor's National ID.

	NAME	Date of Birth			Gender	Preferred Medical Facility	
		DD	MM	YYYY	M/F	Code	Name
PRINCIPAL							
SPOUSE							
CHILD 1							
CHILD 2							
CHILD 3							
CHILD 4							
CHILD 5							
CHILD 6							
CHILD 7							
CHILD 8							
CHILD 9							
CHILD 10							

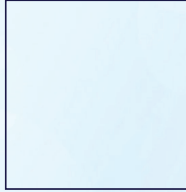
**PART IV: PHOTOGRAPHS**

Please attach one coloured passport size photo for each of the persons named in part I, II and III. Indicate the name of the person and contributor's I.D. Number at the back of the individual passport size photo (Applicable to members/ dependants whose photos do not appear in NHIF System).



Contributor's Name:

.....  
.....



Spouse's Name:

.....  
.....



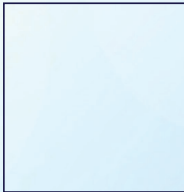
Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....



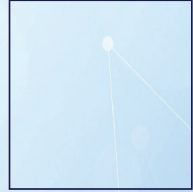
Child's Name:

.....  
.....



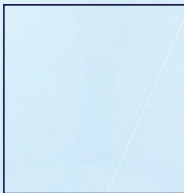
Child's Name:

.....  
.....



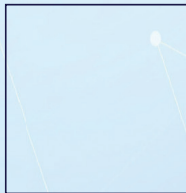
Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....



Child's Name:

.....  
.....

**PART V: CHANGE OF OUTPATIENT HEALTH FACILITY**

Guidelines:

1. Please tick in the table below reasons of change where applicable.

01	Transferred to a new workstation	
02	Unavailability of 24 hours service	
03	Requested to buy prescribed drugs	
04	Unavailability of dental services (if applicable)	
05	Unavailability of optical services (if applicable)	
06	Lack of specialized services	
07	Bad attitude from clinic staff	
08	Current facility stopped offering services	
09	Other reasons (please specify)	

**PART V I: DECLARATION:**

I hereby declare that the above information is correct to the best of my knowledge.

Name of Contributor..... Sign..... Date.....

**FOR OFFICIAL USE ONLY**

1. Receiving Officer ..... Sign ..... Date .....

2. Data Capture Officer ..... Sign ..... Date .....

3. Approving Officer ..... Sign ..... Date .....

## APPENDIX II



NHIF 26 (Revised 2011)

### NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

Website: [www.nhif.or.ke](http://www.nhif.or.ke) Email: [info@nhif.or.ke](mailto:info@nhif.or.ke)

## APPLICATION FOR AMMENDMENT/UPDATES

### **PART I: To be completed by individual member who has been issued with NHIF Card**

- a) Member Name:.....
- b) Member No: ..... I.D No.: .....
- c) Postal Address:.....
- d) Telephone No: ..... Email: .....
- e) Requested Changes:.....
- .....
- .....

#### **NB:**

- To input the name of a spouse for the 1st time even after a member is already registered, Copies of I.D for Member and spouse is required.
- To change the name of spouse the following documents will be required:
  - Copies of I.D for Member and spouse
  - Either marriage certificate/Affidavit from the courts **OR** Death /Divorce Certificate

### **PART II: Children's Particulars**

Name of Child	Date of Birth				Birth Certificate No	Birth Notification No
	Date	Month	Year	Gender (M/F)		
1.						
2.						
3.						
4.						
5.						
6.						

(Please attach photocopies of birth certificates (or birth notification in case the child is 6 months and below)

**PART III: Photographs**

Please attach coloured passport size photographs for each of the person named in part I and II, indicate principal member ID and the name of the person below.



CONTRIBUTOR

Member Name

.....

Member's Reg No. ....



SPOUSE

Spouse's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....



CHILD

Child's Name

.....

Dependant's No. ....

**PART IV: Certification**

I certify that the information is correct to the best of my knowledge.

Name of Contributor..... Sign..... Date .....

**FOR OFFICIAL USE ONLY**

1. Receiving Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

2. Verification Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

3. Amending Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

4. Photo processing Officer \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX III



### REPUBLIC OF KENYA

The Chief Executive Officer,  
National Hospital Insurance Fund,  
**NAIROBI.**

#### **CLAIM FOR LAST EXPENSE - NATIONAL POLICE SERVICE & KENYA PRISONS SERVICE MEDICAL SCHEME**

##### **Guidelines**

1. Part I of this form should be completed by the Head of Department at Ministry/State Department or County Head of Department of the deceased officer working under the National Government. For deceased officers under County Governments, Part I will be completed by Sub County/County Head of Department.
2. Part II of this form should be filled by the Claimant/Next of Kin in the presence of the Head of Department of the deceased officer.
3. Part III of this form should be completed by the Head of Human Resource Management in the Ministry/State Department/County Headquarters. The Head of Human Resource Management should certify that the claimant is the eligible beneficiary.
4. Original burial permit should be attached in support of a claim for Last Expense.
5. Original death certificate should be attached in support of a claim for Group Life.
6. The original burial permit and death certificate will be returned to the Claimant on completion of the claim process.

#### **PART I - STATEMENT OF PARTICULARS OF THE DECEASED**

1. Full Name of Deceased Officer.....
2. Personal No.....National ID No.....
3. Date of Birth.....Date of Death.....
4. Designation.....Job Group.....
5. Ministry/State Department/County .....
6. Name of Head of Department.....

Designation..... P/No.....

Ministry/State Department/Department.....

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

**PART II - STATEMENT OF PARTICULARS OF THE CLAIMANT/NEXT OF KIN (S)**

1. Full Name of the Claimant/Next of Kin(s).....,  
.....,

2. National ID No.....,

Relationship to deceased Officer.....

3. Home County.....Sub County.....

4. Location.....Sub-Location.....

5. Contact Address.....Phone No.....

6. Bank Account Details:

Name of Bank.....

Branch.....

Account Name.....

Account No.....

Signature..... (of duly nominated representative of next of kin (s)

Date.....

**PART III - CERTIFICATION BY HEAD OF HUMAN RESOURCE MANAGEMENT IN THE MINISTRY/STATE DEPARTMENT/COUNTY HEADQUARTERS**

I certify that Mr./Mrs./Ms.....ID/ No..... is the eligible beneficiary and should be paid Last Expense/Group Life Claim in accordance with the provisions of the Civil Servants and Disciplined Services Medical Insurance Scheme.

Name of Head of Human Resource Management Division.....

Designation..... P/No.....

Ministry/State Department/County.....

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

**PART IV - CASES TO BE ADMINISTERED BY PUBLIC TRUSTEES**

All cases where the Principal Member dies without an updated list of beneficiaries, the last expense and Group Life benefits will be forwarded to the Public Trustee for administration as required by law.