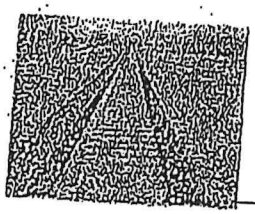

ASSOCIATION OF KENYA RAILWAYS RETIREES (AKERARE)

Richmond House, 2nd Floor; Mfangano Street
P.O. Box 2442-00100 Nairobi Cell: 0722 614 921/0721 532 794

Our Ref: AKE/NHIF/IN/OU

Date:

RE: ENROLLMENT FORM FOR NHIF ENHANCED BENEFITS

NHIF has enhanced the Hospital benefits by offering both the IN-PATIENT and OUT-PATIENT covers in collaboration with Akerare with effect from 1st April 2015.

I agree to abide by the new terms as provided for in the Gazette No 12 of 6th February 2015 legal notice No 14 of NHIF.

Names .....

C/No.....

ID No.....

Cell No:.....

Nearest Home Town.....

Kindly effect the new deductions from the month of .....year.....

I understand that the recommended NHIF monthly deductions is **Ksh300/= (Kenya Shillings Three Hundred only).**

These instructions supersede any other previously issued until further notice.

Applicant's Signature .....Date .....

OFFICIAL USE

Please attach copy of ID (for new members joining NHIF under Code 42300).