



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)

PARISH

CONTACT NUMBER

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 SEVERE	EPILEPSY	MILD SEVERE	MULTIPLE MYELOMA	MILD SEVERE
ASTHMA	MILD SEVERE	GLAUCOMA	MILD SEVERE	PARKINSON'S DISEASE	MILD SEVERE
ATTENTION DEFICIT HYPERACTIVITY DISORDER	MILD SEVERE	HEART FAILURE	MILD SEVERE	PROSTATE CANCER	MILD SEVERE
BENIGN PROSTATIC HYPERPLASIA	MILD SEVERE	HIGH CHOLESTEROL	MILD SEVERE	PSYCHOSIS	MILD SEVERE
BLADDER CANCER	MILD SEVERE	HYPERTENSION	MILD SEVERE	RH FEVER / RH HEART DISEASE	MILD SEVERE
BREAST CANCER	MILD SEVERE	INFLAMMATORY BOWEL DISEASE	MILD SEVERE	SICKLE CELL DISEASE	MILD SEVERE
CERVICAL CANCER	MILD SEVERE	ISCHAEMIC HEART DISEASE	MILD SEVERE	THYROID DISEASE	MILD SEVERE
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	MILD SEVERE	LUNG CANCER	MILD SEVERE	VASCULAR DISEASE	MILD SEVERE
COLORRECTAL CANCER	MILD SEVERE	LUPUS	MILD SEVERE		
DIABETES	MILD SEVERE	MAJOR DEPRESSION	MILD SEVERE		

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 12

Revision Date: March x, 2026



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

9794257

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

Diagnostic/ Screening tests available on the NHF Card:

- Breast Cancer Receptor Studies – NHFCard holders diagnosed with Breast Cancer
- Haemoglobin A1c (HbA1c)- All NHFCard holders (4 tests per year for diabetics; one test for all other beneficiaries)
- Prostate-Specific Antigen (PSA) Test- Men aged 40-75 years old. One test per year.
- Pap Smear- Women aged 21-64 years of age. One test every three years
- Electrocardiogram (ECG)- All NHFCard holders. One test per year.
- Mammogram - Women aged 40 - 74 years of age. One test per year.

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.org.jm or our social media pages [@nhfjamaica](#).

