



NIGERIAN BAR ASSOCIATION

NATIONAL SECRETARIAT: Plot 1102, Muhammed Buhari Way, Cadastral Zone A00, Central Business District, Abuja Nigerian Tel: +234 800 333 1111
www.nigerianbar.org.ng

GUIDELINES FOR THE SELECTION OF ONE THOUSAND (1000) BENEFICIARIES OF THE NBA-NATIONAL HEALTH INSURANCE (NBA-NHIS) PILOT SCHEME

NBA-NHIS PILOT SCHEME

In line with Section 3(12) and (13) of the NBA Constitution and further to the NBA President's agenda to improve access to healthcare for its members, the NBA is proud to introduce the NBA-NHIS Pilot Scheme (The Scheme)

The Scheme seeks to provide free health insurance to one thousand (1000) financial members of the Association, for a period of one year, as a prelude to the subsequent enrolment of all members of the Association into the NHIS at special concessionary rates.

NOMINATION

All Branches of the NBA are entitled to nominate four (4) members, who meet the eligibility criteria prescribed by the NBA, to participate in the Pilot Scheme. Of these four beneficiaries: two (2) shall be young lawyers between **1-7 years post call (and shall not be over 30 years of age)** and two (2) shall be senior lawyers who are 60 years of age and above.

BRANCH SELECTION COMMITTEE

All branches are required to constitute a Branch Selection Committee comprising of the following members:

- (a) Branch Chairman (Chair of the Committee)
- (b) Welfare Secretary (Secretary of the Committee)
- (c) A nominee of the NBA President

The Branch Selection Committee shall be responsible for nominating beneficiaries under the Scheme who meet the eligibility criteria prescribed below.

ELIGIBILITY CRITERIA

In selecting the beneficiaries of the Scheme each branch must ensure that the individual meets the criteria stipulated below:

1. He/She must have paid his/her Bar Practicing Fee and Branch Dues for the year 2021;
2. He/She must be acknowledged by the branch as a member who is unable to afford medical insurance;
3. He/She must be in good standing with the Association; and

NATIONAL OFFICERS:

Olumide A. Akpata **President**

Joyce Oduah, **General Secretary**; John Aikpokpo Martins, **1st Vice President**; Debo Adeyemo Kazeem, **2nd Vice President**; Mercy Ijato Agada, **Treasurer**; Olakunle Edun, **Welfare Secretary**; Raphael Nnamdi Anagor, **Financial Secretary**; Dr. Rapuluchukwu Nduka, **Publicity Secretary**; Uchenna Nwadialo, **Assistant Secretary**; Ferdinand Naza, **Assistant Publicity Secretary**

4. He/She must furnish the branch with his/her blood group and genotype.

ADDITIONAL BENEFICIARIES

Branches with membership strength of 500 and above are entitled to nominate additional beneficiaries as indicated in the table below:

Size of Branch	500+	1000+	1500+	2000+	2500+	3000+	3500+	4000+	4500+	5000+
Additional Beneficiaries	2	4	6	8	10	12	14	16	18	20

DEADLINE FOR SUBMISSION

The Branch Selection Committee must submit the details of the beneficiaries, in the prescribed format as contained in Schedule 1 (Branch Nominee Submission Form) below, and all supporting documents to **Ezekiel David** on or before the 4th of May 2021 at ezekiel.david@nigerianbar.org.ng.

DISQUALIFICATION

The following will result in the immediate disqualification of a nominated beneficiary:

- (a) Failure by the member to meet the eligibility criteria specified above;
- (b) Failure by the Branch Selection Committee to submit the branch nominee submission form on or before the stipulated deadline; and
- (c) Failure by the Branch Selection Committee to properly execute the branch nominee submission form.

In the event of a disqualification as a result of the occurrence of any or all of the aforementioned events, the affected Branch shall lose the opportunity of selecting any other beneficiary and the National Secretariat shall nominate a beneficiary to fill the resultant vacancy.



KUNLE EDUN
Welfare Secretary

Schedule 1
BRANCH NOMINEE SUBMISSION FORM

Before completing this form kindly take note of the following:

- (a) Please write legibly, preferably in capital letters;
- (b) All fields with (*) are mandatory and must be completed accurately; and
- (c) Failure to do the above will result in the immediate disqualification of the beneficiary.

NAME OF BRANCH:						
S/N	FULL NAME* (First, Middle, Surname)	SCN*	YEAR OF CALL*	DATE OF BIRTH*	BLOOD GROUP*	GENOTYPE*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Chairman

Name:

Signature

Welfare Secretary

Name:

Signature:

Member

Name:

Signature: