UMVUZO HEALTH

GP NOMINATION FORM

If Activator is selected, the member and beneficiaries can each nominate **ANY GP** of choice.
If Ultra Affordable Value is selected, the member and beneficiaries can each nominate **one (1) GP** from the Universal Health Network.
Please note that only claims from the nominated GP's will be paid by the Scheme unless pre-authorisation has been granted.
The GP nomination form **MUST** be attached to the application form and jointly submitted to the Scheme.

A. DETAILS OF MAIN MEMBER (MUST BE THE SAME AS THE APPLICATION FORM)

Membership number	
ID number	
Company name	
Date of permanent employment	Y Y Y Y M M D D — Start date requested — Y Y Y Y M M D D
Employee number	— Pay point
Option selected (please mark with x)	Ultra Affordable Value ☐ Activator ☐

B. NOMINATED GP FOR MAIN MEMBER

Surname		Full name	
Nominated GP		Name of doctor	
Practice no.		Contact no.		Town		Province	

C. NOMINATED GP FOR ADULT DEPENDANT

Surname		Full name	
Nominated GP		Name of doctor	
Practice no.		Contact no.		Town		Province	

D. NOMINATED GP FOR CHILD DEPENDANT

Surname		Full name	
Nominated GP		Name of doctor	
Practice no.		Contact no.		Town		Province	

E. NOMINATED GP FOR CHILD DEPENDANT

Surname		Full name	
Nominated GP		Name of doctor	
Practice no.		Contact no.		Town		Province	

F. NOMINATED GP FOR CHILD DEPENDANT

Surname		Full name	
Nominated GP		Name of doctor	
Practice no.		Contact no.		Town		Province	