

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)

| | | | | | | | | | | | | | | | | | |
|--------------------------------------|------------------------|---|---|---|--------------------------|-----------|---|-----------|----------------------|--------------------------|---|---|---|---|---|---|---|
| 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 | | | | <input type="checkbox"/> | Activator | | | | <input type="checkbox"/> | | | | | | | |

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 | | | |