

www.umvuzohealth.co.za

Alenti Office Park, Building D, 457 Witherite Road, The Willows, Pretoria, 0040 P.O. Box 1463, Faerie Glen, 0043. **T:** +27 (0) 12 845 0000 **F:** +27 (0) 86 670 0242

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.

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|---------------------------------|-------------------------|--------------------------|------------------------------------|
| A. DETAILS OF MAIN MEMBER | (MUST BE THE SAME | AS THE APPLICATIO | N FORM) |
| Membership number | | | |
| ID number | | | |
| Company name | | | |
| Date of permanent employment | YYYY | M M D D S | Start date requested Y Y Y M M D C |
| Employee number | | | Pay point |
| Option selected (please mark wi | th x) Ultra Afforda | ble Value Activ | vator |
| B. NOMINATED GP FOR MAIN N | 1EMBER | | |
| Surname | | Full name | |
| Nominated GP | | Name of doctor | |
| Practice no. | Contact no. | | Town Province |
| C. NOMINATED GP FOR ADULT I | DEDENDANT | | |
| Surname | DEFENDANT | Full name | |
| Nominated GP | | Name of doctor | |
| Practice no. | Contact no. | Traine or doctor | Town Province |
| | | | |
| D. NOMINATED GP FOR CHILD D | DEPENDANT | 1 | |
| Surname | | Full name | |
| Nominated GP | | Name of doctor | |
| Practice no. | Contact no. | | Town Province |
| E. NOMINATED GP FOR CHILD D | EPENDANT | | |
| Surname | | Full name | |
| Nominated GP | | Name of doctor | |
| Practice no. | Contact no. | | Town Province |
| F. NOMINATED GP FOR CHILD D | EPENDANT | | |
| Surname | | Full name | |
| Nominated GP | | Name of doctor | |
| Practice no | Contact no | | Town |