KeyHealth
MEDICAL SCHEME

PO Box 14145, Lyttelton, 0140
Client Service Centre: 0860 671 050
Fax: 0860 111 390
E-mail: info@keyhealthmedical.co.za
www.keyhealthmedical.co.za

GP NOMINATION FORM

To be completed for all Beneficiaries on the Essence option.

Please note that no claims will be paid out unless the nomination form is completed and submitted to KeyHealth before you visit your GP.

Membership Number

Principal Member Information

Title | Initials | First name

Surname

ID number Y Y M M D D

Telephone - home (code - number) | Cellphone number

Telephone - work (code - number) | Fax - work (code - number)

E-mail address

Beneficiary GP Nomination

Dependant code	First Name	Surname, if different from principal member	ID number	GP Practice name (compulsory)	GP Practice Number (compulsory)

Reason for changing from the previous nominated GP?

Member Signature

Date D D – M M – 2 0 Y Y

Please note that the nomination form has to be completed in full and faxed to 0860 111 390 or emailed to gpnomination@keyhealthmedical.co.za