

APPLICATION TO SERVE ON THE BOARD OF DIRECTORS

Fill in the blanks below for you or the person you nominate to the Upper Peninsula Health Plan (UPHP), Inc., Board of Directors. If you are nominating someone else, write your name and telephone number (or address) on the back of this form so that we can reach you. If you do not, your nominee may not be considered.

Name of Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Telephone: _____

I am, or my nominee is, at least 18 years old at this time (circle one):
Yes No

Nominee's Date of Birth: _____ / _____ / _____

I have, or my nominee has, been enrolled with UPHP for the past three consecutive months (circle one): Yes No

Your (or your nominee's) member ID number: _____

In the following space, explain why you want to be on, or nominate the above person to, the UPHP, Inc., Board of Directors:

Signature: _____ Date: _____

Mail this form to:
UPHP Customer Service
228 West Washington Street
Marquette, MI 49855