



**Upper Peninsula Health Plan, L.L.C.
Application to serve on the Management Committee**

Fill in the blanks below for you or the person you wish to nominate to the Upper Peninsula Health Plan, L.L.C. Management Committee. If you are nominating someone to the committee, write your name and phone 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 for membership on the committee.

Name of Nominee:			
Address:			
City:	State:	Zip:	County:
Daytime Phone Number: () -			
I am, or my nominee is, at least eighteen (18) years old at this time: Yes ____ No ____ Nominee date of birth: ____ / ____ / ____			
I have, or my nominee has, been enrolled with UPHP for the past three consecutive months: Yes ____ No ____			
My, or my nominee's, ID number is: _____			
<i>In the space below, explain why you want to be on, or nominate the above person to, the Upper Peninsula Health Plan, L.L.C., Management Committee:</i>			
_____ Signature		_____ Date	

Mail completed application to:
UPHP Customer Service
853 W. Washington Street
Marquette, MI 49855