

2026 OPTION SELECTION FORM

PLEASE NOTE: Should you wish to remain on your current option, you are not required to complete this form.

PLEASE COMPLETE IN BLOCK LETTERS.

Membership number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/>
Full name and surname	<input type="text"/>
ID/Passport number	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

For the period 1 January to 31 December 2026, I wish to participate in the following option of Pick n Pay Medical Scheme. I fully understand that my medical scheme cover will be limited to the benefits offered on the option I choose.

Please indicate your choice by placing a tick in one of the option blocks below.

Only one box should be ticked.

PLUS OPTION

PRIMARY OPTION

Co-payments made from your Medical Spending Account (MSA)

If you've chosen the **Plus Option**, do you want shortfalls or above-tariff portions of claims to be paid from your accumulated MSA? Yes No

Signature of member	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
---------------------	----------------------	------	---

Please note that the completed form may be returned via:

- email to optionchanges@pnpms.co.za; or
- hand it to your **HR Administrator**.

This form must reach the Scheme by no later than Friday, 19 December 2025. Option selection forms that are received after this date will not be considered.