Pick n Pay
Medical scheme

2027 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			
Title		Initials	
Full name and surname			
ID/Passport number			
Contact number			
Email address			

For the period 1 January to 31 December 2027, 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

Date 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, 18 December 2026. Option selection forms that are received after this date will not be considered.