

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 2024, 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"/>
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Please note that the completed form may be returned via:

- fax to 021 480 4968; or
- email to picknpayoptionchanges@mhg.co.za; or
- post to PO Box 15774, Vlaeberg 8018; or
- hand it to your HR Administrator.

This form must reach the Scheme by no later than Friday, 15 December 2023. Option selection forms that are received after this date will not be considered.