horizon medicalscheme

HOLDSPORT GROUP EMPLOYEES

Choice of Plan Form 2027

Complete this form ONLY if you wish to change to another Plan.
Please submit this form by no later than 10h00 on Friday, 4 December 2026.

Please indicate your choice with a ✓ in the box below:

PLAN	TICK
Hospital Core Plan	
Hospital plus Network Plan	
Hospital plus Savings Plan	

I confirm that I understand the benefits provided by the Plan I have chosen and I accept that from 1 January 2027, I will be eligible for benefits under the Plan I have chosen.

Member's Surname:

Member's Name:

Membership No:

ID No:

Member's Signature:

Date: D D M M Y Y Y Y

Notes:

Please submit this completed form **ONLY if you are wanting to change your Membership Option from 1 January 2027.** This Form must be scanned / emailed by no later than 10h00 on Friday, 4 December 2026 to:

- Head Office and HDC – Camelita Poate
- SWH Stores – Respective Regional Personnel Officer (RPO)
- OWH Stores - Respective Personnel Officer (RPO)
- Performance Brands – Linda Louw
- SSC – Respective Line Manager

Important:

If the Salaries Department does not receive your completed "Choice of Plan" Form by the end of Friday, 4 December 2026, you will remain on / continue with your current Plan for the duration of the 2027 calendar year.