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 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 your form by email to horizonmembership@medscheme.co.za.
- If we do not receive your Choice of Plan Form by the due date, you will remain on your current Plan for the duration of the 2027 calendar year.