



## OPTION SELECTION FORM

**PLEASE COMPLETE IN BLOCK LETTERS**

Please note that this form should only be completed and returned if you wish to select another option for 2024.

All option selection forms may be handed in at the Fund's office in Montana.

Alternatively, you may use one of the methods below to send your completed form back to us:

**Email** [goldenarrowmembership@mhg.co.za](mailto:goldenarrowmembership@mhg.co.za)

**Fax** 021 480 2734

**Post** Golden Arrow Employees' Medical Benefit Fund, Premium Management Department, PO Box 15729, Vlaeberg 8018

**Completed forms are to be sent in on or before Friday, 29 December 2023.**

Membership number	<input type="text"/>
Employee/Pensioner number	<input type="text"/>
Title	<input type="text"/> Initials <input type="text"/>
First names	<input type="text"/>
Surname	<input type="text"/>
Contact number	<input type="text"/>
Postal address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postal code <input type="text"/>
Email address	<input type="text"/>

If you wish to select another option, please tick the appropriate box below. Only one box should be ticked.

**STANDARD OPTION**

**ADVANCED OPTION**

Member's signature	<input type="text"/>	Date	<input type="text"/>
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11/2023

### Golden Arrow Employees' Medical Benefit Fund

**Postal address** PO Box 15729, Vlaeberg 8018

**Tel** 0860 104 122 **Fax** 021 480 2734

**Email** [enquiries@goldenarrowmed.co.za](mailto:enquiries@goldenarrowmed.co.za)

**Website** [www.goldenarrowmed.co.za](http://www.goldenarrowmed.co.za)