

Claims History Release Request



Policy Holder's Details

Member #: _____ Name of Policy Holder: _____

Please provide a print out of all benefits paid by ACA Health Benefits Fund for all members listed below for the period commencing: ____/____/____ to ____/____/____

Name	Date of Birth	Signature
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Declaration

All family members over the age of 13 years have granted permission for this history to be released and delivered to me (via the below email or postal address) by signing above as required.

Preferred method: Email OR Post

Name: _____ Phone: _____

Email: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Signature: X _____ **Date:** / /

Please return to: ACA Health Benefits Fund to info@acahealth.com.au OR Locked Bag 2014 Wahroonga NSW 2076