ACA Health Benefits Fund



Complaint Notification

I wish to make a complaint in relation to the Fund as it relates to my entitlements as set out below. My personal particulars are: Member # Name of Policy Holder: Employer: Home Phone: Mobile: Address: Work Phone: Email: The nature of my complaint is set out as follows: (Please detail your complaint by attaching any relevant documents) Signed Date Forward to Complaints Officer: Postal: Locked Bag 2014, Wahroonga NSW 2076 02 9847 3357 Fax: Email: info@acahealth.com.au

Office Use Only

Date Complaint Notification Received Complaints Register Reference Number

