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:

Address:

Home Phone:

Mobile:

Work Phone:

Email:

The nature of my complaint is set out as follows:

(Please detail your complaint by attaching any relevant documents)

Signed_____ Date_____

Office Use Only

Date Complaint Notification Received ☐☐/☐☐/☐☐☐☐

Complaints Register Reference Number ☐☐☐☐☐☐☐☐☐☐

Please return to ACA Health Benefits Fund

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