

Membership Eligibility Declaration

(New Members Only)



As ACA Health is a restricted private health insurer, eligibility is largely restricted to past and present employees and their families of incorporated* companies affiliated with the Seventh-day Adventist Church. You may either be eligible however by being a relative of an ACA Health Member.

You must select at least one of the following criteria to be an eligible policy holder with ACA Health.

Eligibility Criteria	
<input type="checkbox"/> Current or Past Employee of an SDA Church Company	Company Name: _____ <i>(please include proof of employment (e.g. ID card, payslip))</i>
<input type="checkbox"/> Relative of Eligible Person	Eligible Persons Full Name: _____ Phone Number: _____ Membership #: _____ Company Name: (if applicable) _____
<input type="checkbox"/> Past or Transferring Member or Dependant	Membership Name: _____ Number: _____
<input type="checkbox"/> Current or Past Church Officer <i>(Treasurer, Deaconess etc.)</i>	Church: _____ Position: _____ Year of Service: _____
<input type="checkbox"/> I declare that this information is true and correct.	

As a relative of person above please select your relationship with them:

- Partner
- Dependent Child
- Adult Child's Partner
- Former Partner
- Adult Child
- Adult Child's Child

Contact Information of the policy holder I am related to:

Name:		
Address:		
Suburb:	State:	Post Code:
Email:	Phone:	
Signature: X	Date: / /	

*Most Adventist organisations incorporated between 2000- 2004. If you were employed by an Adventist entity before 2000, you may not be able to join ACA Health. Please contact us to confirm your eligibility before joining.