



ACA Health Benefits Fund
 Locked Bag 2014 WAHROONGA NSW 2076
Ph: 1300 368 390 or 02 9847 3390 **Fax:** 02 9847 3357 **Email:** acahbf.info@acahealth.com.au
Website: www.acahealth.com.au

Request for Cancellation of Membership

Member Name: _____ **Membership No:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Mobile: _____ **Email:** _____

My Membership "paid to date" is _____

Requested Cancellation Date for membership _____

Reason for Cancelling

- Moving Overseas
- Don't have the cover I want
- Too Expensive
- Not satisfied with Customer Service
- Locality of ACA Health Benefits Fund office
- Other _____

- Did you consider one of our cheaper products? Yes No

Would you consider joining us again in the future? Yes No

(Note: You are always welcome to rejoin us in the future)

Comments/Suggestions

I _____ request my membership to be cancelled as of the date above. This request will cancel any direct debit payments from my bank account/credit card effective from the paid to date of the membership.

Signature of Member _____ **Date** _____