

Request for Cancellation of Membership



Member #	Name of Policy Holder:
----------	------------------------

Address:	Home Phone:
	Mobile:
	Work Phone:

Email:

My Membership 'paid to date' is / /
Requested cancellation date for Membership / /

Reason(s) for cancellation

- Moving Overseas
- Don't have the cover I want
- Too expensive
- Not satisfied with customer service
- Locality of ACA Health Benefits fund
- Other _____

- Have you considered one of our less expensive options?
- Yes
 - No
- As you are always welcome to rejoin, would you consider rejoining in the future?
- Yes
 - No

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 _____