

ACA Health Benefits Fund
Locked Bag 2014
WAHROONGA NSW 2076

REQUEST FOR RELEASE OF CLAIMS HISTORY

Please provide a print-out of all benefits paid by the ACA Health Benefits Fund for membership number _____ for all members listed below for the period commencing ____/____/____ and finishing ____/____/____. All family members over the age of 14 years have granted permission for this history to be released to me at the above address/fax number by signing as required.

Name	Date of Birth	Signature of Those Over 14 years
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

With thanks

Yours sincerely

Signed

Date

(Name in block letters)

(Current Address)

State _____ Postcode _____

() _____
Daytime telephone number

() _____
Fax Number (if required)