



COMPLAINT/ENQUIRY FORM

CLAIM TYPE: GENERAL LIFE INDIVIDUAL HEALTH GROUP

POLICY NO (S): _____

SURNAME: _____ **FIRST NAME:** _____ **D.O.B.:** _____

ADDRESS:	TELEPHONE NO:	(H)	
_____		(W)	_____
_____		(C)	_____
_____		FAX:	_____
_____		E-MAIL:	_____
_____			_____

DETAILS OF COMPLAINT/ENQUIRY:

COMPLAINANT'S SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

CLAIMS ADVISORY COMMITTEE

FINDINGS:

**SECRETARY, CLAIMS
ADVISORY COMMITTEE:**

DATE:

DECISION:

APPROVED BY:

CHAIRMAN

DATE:

CLAIMS APPELLATE COMMITTEE

DECISION:

APPROVED BY:

CHAIRMAN

DATE:
