



2023-24 Past Player Health & Wellbeing Grant

Member Benefit Allocation Form

Full Name: _____

Account Details

Financial Institution: _____ Account Name: _____

BSB Number: _____ Account Number: _____

Pension/Health Care Card

Do you have a Pension or Health Care Card? (Please note this is not your Private Health Insurance)

Yes, Please provide the CRN (Customer Reference Number): _____ CRN _____

Reimbursement Details

† You must provide confirmation of payment such as a receipt or bank statement.

† A single reimbursement will be made to each member. \$700 for Pensioners/Health Care Card Holders, \$250 for other members.

Service/s	Amount on Receipt	ACA USE ONLY
<input type="checkbox"/> Health Health Insurance Premiums, Medical Expenses		
<input type="checkbox"/> Fitness Gym/Sports Club Membership, Fitness Equipment		
<input type="checkbox"/> Career & Education Education, Training, Seminars, Conference or Career Coaching		
<input checked="" type="checkbox"/> Life & Finances Income Protection, Business Insurance, Will Preparation, Prepaid Funeral, Financial Health Check/Advice		

Please tick this box if, after reading the Constitution, you agree to assume liability to pay the Member's Guarantee Amount, to be bound by and comply with the terms of the Constitution, and you grant the Company all of the authorities set out in the Constitution*.

How will this help you?

How will this reimbursement assist you in your life after first class cricket?

Please tick this box if you are happy to share your feedback with ACA members.

Return ✉ PO Box 4379 Richmond East

✉ Please direct questions to Christian Harris on 03 9698 7200 or charris@auscricket.com.au

ACA OFFICE USE ONLY

PROGRAM: PPGPDP – PD Grant
ACCOUNT: 6-6826
APPROVED: KELLY APPLEBEE
AMOUNT: 700/250