



Enquiries and complaints

Registration of Complaint

If you have an enquiry or complaint, please contact us on 1800 331 719. If we are unable to satisfactorily resolve your enquiry or complaint over the phone, we may ask you to put your enquiry or complaint in writing. If you make a complaint, we will endeavour to properly consider and deal with your complaint and notify you of our decision in writing within 30 days of receiving the complaint.

Membership details

In this section, please provide the Health Super Member Number that your complaint relates to. If you have more than one membership, please indicate the additional membership(s) in the space provided.

Your Health Super Member Number

Additional Membership

Additional Membership

Your details

Given name(s)*

Mr Ms Mrs Miss Dr Other (specify)

Surname*

Date of birth*

Residential address*

D D M M Y Y Y Y

City/Town*

State*

Postcode*

Telephone number (BH)

Telephone number (AH)

Mobile

Email address

*Indicates mandatory fields.

Postal address (if different from above)

City/Town

State

Postcode

Nature of Complaint

Please provide a summary of your complaint, and your desired outcome, below. Alternatively, you may wish to outline your complaint in the form of the attached sample letter. Please ensure you attach any additional documentation and/or evidence in support of your desired outcome, to this form.

Number of pages attached

Summary of complaint:

Desired outcome:



Nominate a Representative

COR004 20110726

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Please (only) complete this section if you would like to nominate an individual representative that we may contact regarding your complaint.

If you would like to nominate a company that we may contact regarding your complaint, please download and complete our 'Third party authority for a company' form from our website healthsuper.com.au

Mr Ms Mrs Miss Dr Other (specify)

Date of birth

Given name(s)

Surname

Residential address (PO Box not accepted)

City/Town

State

Postcode

Phone number (BH)

Phone number (AH)

Mobile

Email address (if applicable)

Relationship to member

Signature of Representative

Date

By signing this form I authorise the third party nominated above to have access to my confidential account details, including transactional information.

Signature of Member

Date

Important Information

If we do not settle your complaint to your satisfaction within 90 days of first receiving your complaint, or if you are dissatisfied with our decision, you may contact the Superannuation Complaints Tribunal (SCT) at:

Locked Bag 3060
Melbourne VIC 3001
Telephone: 1300 884 114

The SCT is an independent tribunal established to resolve disputes between super funds and their members and/or potential beneficiaries. The SCT only has jurisdiction to deal with a complaint once it has been through the Fund's internal dispute resolution process. Should you have any queries please do not hesitate to contact us on 1800 331 719 between 8.30am-6.00pm Monday to Friday AEST.

Contacting Us

In Person: Health Super
Level 14, 15 William Street
MELBOURNE VIC 3000

Post: Manager, Superannuation Services
Health Super
Locked Bag 2900
Collins St West VIC 8007

Call: 1800 331 719 between 8.30am and 6.00pm Monday to Friday AEST.

Click: Email us via our website healthsuper.com.au

Sign and date

I declare that the information given in this application is correct.

Signature

Date

PRIVACY

Health Super is a division of the First State Superannuation Scheme ABN 53 226 460 365 of which FSS Trustee Corporation ABN 11 118 202 672 AFSL 293340 is the Trustee. We collect your personal information for purposes outlined in the Trustee's Privacy Statement. Further detail can be found in the Health Super Product Disclosure Statement (PDS). Alternatively, read the Privacy Policy at healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact our Privacy Officer on 1800 331 719.

Issued by FSS Trustee Corporation ABN 11 118 202 672 AFSL 293340 as Trustee of the First State Superannuation Scheme ABN 53 226 460 365 of which Health Super is a division (Health Super). Before making a decision about Health Super please consider our Product Disclosure Statement (PDS) that is available at healthsuper.com.au or by calling us on 1800 331 719.

Sample letter

The Complaints Manager
Health Super
Locked Bag 2900
Collins St West VIC 8007

«Your Name»
«Your Address»
«Date»

Dear Sir/Madam

Re: «Member's Name», «Member/Policy Number»

I wish to make a complaint for consideration under your internal complaints process.

My complaint is

«DESCRIBE THE SUBJECT OF YOUR COMPLAINT, CLEARLY STATING THE REASONS FOR YOUR COMPLAINT. YOU MUST ALSO INCLUDE ANY EVIDENCE OR INFORMATION IN SUPPORT OF YOUR COMPLAINT»

The resolution I seek is

«EXPLAIN YOUR DESIRED OUTCOME, AND HOW YOU BELIEVE THIS ISSUE CAN BE RESOLVED»

I understand that I can expect a response within 90 days. If I am not satisfied with your response, or do not receive a response within this period, I understand that I can make a complaint to the Superannuation Complaints Tribunal (SCT).

Yours sincerely

«Your Name»