



MBF DISPUTE RESOLUTION FORM

The Directors, Officers and Employees of the Australian Air Pilots MBF are committed to dealing with disputes or complaints made to the MBF in a fair and reasonable manner in accordance with the [MBF Dispute Resolution Policy](#) and the Fund Rules. The current MBF Rules effective 01 May 2023 can be found here: [MBF Fund Rules](#).

Please complete the below form to request further review regarding your dispute. The decision for your dispute will be reviewed and in addition, this process will:

- Review the material relied on for the decision and any new material received.
- Consider the entirety of the complainants file documentation.
- Request additional information or documentation as required.
- Inform the complainant in writing of their decision to either maintain, vary, or withdraw the original decision.

PERSONAL DETAILS				
Name:				
Address:				
Suburb:		State:		Postcode:
Primary Contact Number:		Alternate Contact Number:		
Email:				

MEMBERSHIP INFORMATION (IF APPLICABLE)			
Member Number:		Employer:	
Level of Cover (to be completed by the MBF Office if not known)			
SCB:		PCB:	
Any cover restrictions:			

DISPUTE DETAILS

Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Claim denial | <input type="checkbox"/> Unsatisfactory claim settlement | <input type="checkbox"/> Billing problem |
| <input type="checkbox"/> Contribution/Cost increase | <input type="checkbox"/> Claim delay | <input type="checkbox"/> Refusal to cover |
| <input type="checkbox"/> Termination/Non-renewal | <input type="checkbox"/> Misrepresentation | <input type="checkbox"/> Poor service |
| <input type="checkbox"/> Other: _____ | | |

Original date and nature of incident/illness/request:

If more than 60 days since the date of the decision please provide reasons for late lodgment:

Actions taken (for example, contact dates and staff names):

RESOLUTION

Results of actions (for example, answers from staff, correspondence dates, outcomes):

Your desired outcome:

Please indicate if you would like the matter referred to mediation should the dispute not be resolved to your satisfaction:

Yes No

DECLARATION

I declare that the information contained on this form is true and correct

Full Name: _____ Date: _____

(Entering your full name above will be accepted as an electronic signature)

SUBMIT DOCUMENTATION

This completed form and any supporting documents should be submitted to the MBF by email or post to:

Privacy Officer, AAPMBF
Level 1, 132-136 Albert Rd
South Melbourne VIC 3205
privacyofficer@aapmbf.com.au