

Name: _____

Date: _____

Medipac

H B F X S M Q M Q X N H V H R Y M S W Z Z T A Z
T J F I G O U I N C E A R L Y B I R D T R Q F S
A U G U S T D E A D L I N E W X H G S P S X T H
P T E R A F E P B E T L X C L V W I L E Y N J E
A E Y B R M O I W R L O V W J K S H C A E R C J
Y O T S K T E I O I T C P X E S A I C I P N L E
S A Y A Z D E D M G S H D M A Y V M L U A K W R
N M M O U J B I I X E C T E M R V C J R S K T T
I S K O M N T N E P O J X X E H Y I U T U H V N
E M J Y D L N S X I A T R S L P W S J M H L R E
L H N O E P M A N G E C Y O P C N Q F V H O H C
P D I T J D M S R N L T P A I I K Q M H E Y S L
Q I T P Z F U P S E L Q H L L N G U U Z R A I L
K E Z X W R D I D A P E H E U F C E I T H L H A
R V H H A V O E I J L U V P N S L U M X E T Y C
Y V L N Q N F C S B K A S P Y L A E E D K Y Z Q
Y Z C N Z E E V I T R K M L D L I A R E S C X O
D E S H G P I T F T W L M Y A X M I P K F R V S
R G T E S D C N A J H P L E H R S H X D A E M B
R T T W D U R D D B Z G G I D U E Y K P V D A T
A Q G L D A N C G B T B K R M I P D R I U I H W
O Y V E Q P S J Z D S M U O J S P W E I G T J L
Y Q D K Z Y P M L G G X P L M D E A C F T B V G
S P X F C L W P U S W V A C R J L L C V S X U L

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