

Financial Hardship Application Form

If you have any questions about the process, or if you require assistance to complete this application, please contact our office accordingly.

APPLICANT DETAILS

Given Name _____ Surname _____
Applicant 1 _____

Applicant 2 _____

Postal Address _____

Contact Details Phone _____ Email _____

Preferred Method of Contact Phone Email
Dependents (Name) (Age)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you want to nominate a representative to handle your application on your behalf please provide their name below:

Representative _____

Contact Details Phone _____ Email _____

Please explain the reason for your hardship application.

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ASSISTANCE REQUESTED

What assistance would you like Us to consider?

- | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| Extension of due date for payment. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Paying in instalments. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Paying a reduced lump sum. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Postponing one or more instalments. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Waiver of debt | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Other | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please provide further details of the assistance you are seeking e.g. payment extension date, what you can afford to pay and how often, what can you afford, when you can start paying etc.

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EMPLOYMENT DETAILS FOR APPLICANT 1

Employed Yes No

Self Employed Full Time Part Time Casual Contractor

Employer 1 Name _____

Occupation _____ Contact Person _____

Phone _____ Email _____

Salary per month. \$ _____ Please provide copy of most recent pay slip.

Employer 2 Name _____

Occupation _____ Contact Person _____

Phone _____ Email _____

Salary per month. \$ _____ Please provide copy of most recent pay slip.

FINANCIAL DETAILS FOR APPLICANT 1

Income you receive per month apart from salary.

Centrelink (Please attach most recent statement) \$ _____

Other (Such as rent / investments etc.).

_____ \$ _____

_____ \$ _____

_____ \$ _____

Expenses you pay per month.

Rent or Mortgage \$ _____ Child Support \$ _____

Loan payments \$ _____ Motor Vehicle Expenses \$ _____

Credit Card Payments \$ _____ Living Costs (Food / Clothing etc.) \$ _____

Other Expenses (school fees / hospital / medical / insurance / Utilities etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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EMPLOYMENT DETAILS FOR APPLICANT 2

Employed Yes No
Self Employed Full Time Part Time Casual Contractor

Employer 1 Name _____

Occupation _____ Contact Person _____

Phone _____ Email _____

Salary per month. \$ _____ Please provide copy of most recent pay slip.

Employer 2 Name _____

Occupation _____ Contact Person _____

Phone _____ Email _____

Salary per month. \$ _____ Please provide copy of most recent pay slip.

FINANCIAL DETAILS FOR APPLICANT 2

Income you receive per month apart from salary.

Centrelink (Please attach most recent statement) \$ _____

Other (Such as rent / investments etc.).
_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Expenses you pay per month.

Rent or Mortgage \$ _____ Child Support \$ _____

Loan payments \$ _____ Motor Vehicle Expenses \$ _____

Credit Card Payments \$ _____ Living Costs (Food / Clothing etc.) \$ _____

Other Expenses (school fees / hospital / medical / insurance / Utilities etc.)
_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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MORE INFORMATION

More information about the Financial Hardship provisions in the General Insurance Code of Practice can be found at codeofpractice.com.au/for-consumers/financial-hardship.

Free, confidential, independent financial advice is also available to you via Financial Counselling Australia www.financialcounsellingaustralia.org.au or through the National Debt Helpline 1800 007 007.

DECLARATION

I/We declare that the information provided is true and correct.

Applicant 1 Signature

Applicant 2 Signature

Dated _____ / _____ / _____

_____ / _____ / _____

PRIVACY CONSENT NOTICE

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things.

We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy on our website or by contacting us via phone or email or requesting it from our authorised representatives or service providers. We may share your information with our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so. If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

SUBMITTING YOUR APPLICATION

Once you've completed and signed your application, you can either send the completed and signed Application and supporting documents to us in the mail or send us an email attaching scanned copies of the Application and supporting documents.

When sending documents please make sure you have sure you've blacked out any government identifiers like your tax file number.