



Financial Hardship

Application Form

V0324



Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Financial Hardship Application fully prior to answering the questions.

- Please ensure that this Application is fully completed
- If there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required.
- Please attach all supporting documentation.
- All attachments form part of this Application Form and are subject to the Declaration.
- The acceptance of this Application Form does not constitute a waiver of our rights.

Note: 'Financial Hardship' means you are having difficulty meeting your financial obligations.

If you owe money and you experience Financial Hardship, you can apply to Pen Underwriting for assistance. The following information will be of use to us in assessing your request for Financial Hardship assistance. Depending on the circumstances of your request, we may ask you to provide further information.

Please note: *Financial Hardship support does not apply to unpaid general insurance premiums.*

FOR MORE INFORMATION

Free, confidential, independent financial advice is also available to you through the National Debt Helpline: **1800 007 007**. Further information and access to online chat with a Financial Counsellor can be obtained at the National Debt Helpline website ndh.org.au

1. Personal Details

[These details are required for your application]

Policy Number	Claim Number	Reference Number	Identifier
.....

Name of Insurer:

Your Name:

Your Address & Contact Details:

No. & Age of Dependants:

Occupation:.....

Employment Status: Full-Time Part-Time Self-Employed Unemployed

Employer:.....

If you would like to nominate a representative to handle your application on your behalf, include their details as well. Representative:.....



2. Financial Details

Income you receive per fortnight

If any of the income you receive is paid monthly, please calculate what it is per fortnight as list below:

Wages after tax	\$	.....
Centrelink benefits (Family Allowance, Jobstart or other)	\$	.....
Rent received	\$	.....
Other	\$	.....
Total income per fortnight (A)	\$	.....

Expenses you pay per fortnight

If any of the income you receive is paid monthly, please calculate what it is per fortnight as list below:

Rent and/or mortgage payments	\$	.....
Other loan payments	\$	.....
Credit card payments	\$	.....
Motor vehicle expenses (petrol, insurance, lease payments)	\$	.....
Living costs (food, public transport, telephone etc)	\$	.....
Other:	\$	.....
Total income per fortnight (B)	\$	.....
Total income per fortnight (A - B)	\$	.....

Financial Hardship

Please provide a description of your financial circumstances and your situation with your insurer, and why you are requesting assistance for Financial Hardship

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3. Assistance

What assistance would you like us to consider?

- (a) **Extension of due date payment.** When will you be able to make payment?
.....
- (b) **Paying in instalments.** What you can afford and when?
.....
- (c) **Paying a reduced lump sum.** What can you afford?
.....
- (d) **Postponing one or more instalments.** When will you be able to make payment?
.....
- (e) **Other (including a combination of the above options).** Please provide details of what you are seeking
.....



While you are not automatically entitled to a release, discharge or waiver if a debt, you may ask us to consider this option.

The following documents may assist your application, if they are relevant to your application and you choose to attach them:

PLEASE NOTE: *If any of the documents contain your tax file number (TFN), please blank this out.*

- Centrelink statements
- Payslips
- Letter from doctor confirming inability to earn income due to disability, injury, illness or caring for sick family member
- Overdue medical bills
- Bank notice re: unpaid overdraft or repossession of mortgaged property
- Eviction notice
- Copies of unexpected bills/payments
- Pending disconnection of essential services
- Letter from former employer confirming loss of employment
- Letter from charitable organisation re loss of employment or inability to provide for basic necessities
- repossession notice of essential items, eg car, motorcycle
- Funeral expenses
- Notice of impending legal action

DECLARATION

I/We declare that:

- I have read and understood the **Important Notices** on this Application Form.
- The answers and information given in this Application Form are true and correct in all respects.
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature:.....

Date:

Full Name:.....