

Financial Hardship Application



Important Notices

Instructions

- Please ensure that this Application Form 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.

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United Kingdom, United States of America and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Complaints Handling

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

Financial Hardship Application



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

PERSONAL DETAILS

[These details are required for your application]

Policy Number / Claim Number / Reference Number / Identifier:

Name of Insurer:

Your Name:

Your Address and Contact Details:

No. and 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:

FINANCIAL DETAILS

Income you receive per fortnight

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

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

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Expenses you pay per fortnight

If you make any monthly payments, please calculate what these payments are per fortnight and 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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ASSISTANCE

What assistance would you like us to consider?

Extension of due date for payment. When will you be able to make payment?

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Paying in instalments. What can you afford and when?

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Paying a reduced lump sum. What can you afford?

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Postponing one or more instalments. When will you be able to make payment?

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Other (including a combination of the above options). Please provide details of what you are seeking

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While you are not automatically entitled to a release, discharge or waiver of 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 of Applicant

I 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 of Applicant: Date:

Full Name:

Complaints

If you are unable to reach an agreement with us about Financial Hardship assistance, or if you are unhappy with any aspect of the application process, you may make a complaint. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.