

## FINANCIAL HARDSHIP APPLICATION FORM

**“Financial Hardship”** means that you may have difficulties meeting your financial obligations to us.

### IMPORTANT POINTS TO NOTE:

- Both Virginia Surety Company and The Warranty Group are part of Assurant, Inc a global provider of risk management solutions.
- All sections of this document are mandatory unless indicated otherwise.
- Financial Hardship support that we provide does not include support with paying the premiums under an insurance policy we have issued. More information about Financial Hardship Provisions can be found on [https://insurancecouncil.com.au/wp-content/uploads/2021/05/ICA001\\_COP\\_Literature\\_Code\\_OnScreen\\_RGB\\_DPS\\_10.2\\_LR2.pdf](https://insurancecouncil.com.au/wp-content/uploads/2021/05/ICA001_COP_Literature_Code_OnScreen_RGB_DPS_10.2_LR2.pdf).
- If you have a claim that is currently delayed or we are seeking a recovery that you are unable to pay back due to Financial Hardship, you may be entitled to support or have the right to ask us to fast track a claim if you have urgent financial need.
- When we are assessing your request for Financial Hardship Support, we will consider all reasonable evidence that you provide to us along with the completed form. Kindly note, that there is a 21 calendar day timeframe from the date of our request to provide all completed and supporting evidence to us unless an alternate timeframe has been agreed upon.
- At any point of this application and process, we will readily make available to you access to our Internal Dispute Resolution Procedure.
- For free, independent, and confidential service, you may contact National Debt Helpline on 1800 007 007 between 9.30am – 4.30pm Monday to Friday or via their website <https://ndh.org.au/>.

### POLICY DETAILS

Policy Number

Claim Number

### PERSONAL DETAILS

Full Name

Full Residential Address

Phone Number

Email Address

Marital Status

Dependents

Number of Dependents:

Age of each Dependent:

Authorised Representative Details

*If you would like to nominate a representative to handle your application on your behalf, please provide their details as well.*

Full Name:

Phone Number:

Email Address:

Relationship:

Employment Status (Tick as appropriate)	<input type="checkbox"/> Permanent Part Time	<input type="checkbox"/> Permanent Full Time
	<input type="checkbox"/> Contract	<input type="checkbox"/> Casual
	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (please specify):

Occupation (If employed / self employed)	
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Employer Details (If employed / self employed) (We may contact your employer for information)	Employer Name:
	Phone Number:

<b>FINANCIAL DETAILS</b>
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<b>MONTHLY POST-TAX INCOME IN AUD</b>
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Monthly Salary / Business Income	\$
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Rent Received	\$
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Child Maintenance / Support	\$
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Centrelink Benefits (Family Allowance, Jobstart / Job Seeker or other)	\$
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Other Income Received	\$
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<b>MONTHLY EXPENSES IN AUD</b>
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Rent / Mortgage Payments	\$
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Car Loan Payments	\$
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Other Loan Payments	\$
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Credit Card Details	Total Credit Cards Limit :	\$
	Total Amount Outstanding on Credit Card :	\$

Hospital / Medical Expenses	\$
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Motor Vehicle Expenses	Petrol :	\$	Registration :	\$
	Insurance :	\$		

Other Expenses	\$
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## DETAILS OF ASSISTANCE YOU REQUIRE

### WHAT ASSISTANCE WOULD YOU LIKE US TO CONSIDER?

*While you are not automatically entitled to a release, discharge or waiver of a debt, you may ask the insurer to consider this option*

<b>Extension of due date for payment.</b>	
When will you be able to make payment?	
<b>Paying in instalments.</b>	
What can you afford and when?	
<b>Paying a reduced lump sum.</b>	
What can you afford?	
<b>Postponing one or more instalments.</b>	
When will you be able to make payment?	
<b>Other (including a combination of the above options).</b>	
Please provide details of what you are seeking	
Please provide a description of your financial circumstances and your situation with the insurer, and why you are requesting assistance for Financial Hardship.	

I declare that the contents of this document are true and correct as on the date of this request and I will inform Assurant of any changes to my financial circumstances during and after the review of this financial hardship application.

Full Name

Signature

Date

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

**NOTE**

- Tick the check box against documents provided with your application.
  
  - If any of the documents you provide contains your Tax File Number (TFN), please blank this out.
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- Bank statements
  
  - 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 / medical expenses
  
  - 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, e.g. car, motorcycle
  
  - Funeral expenses
  
  - Notice of impending legal action