

FINANCIAL HARDSHIP APPLICATION FORM

IMPORTANT | PLEASE READ BEFORE YOU COMPLETE THIS FORM

1. Please provide answers to all of the information required in order to avoid delays with your claim.
2. The following information will be used by the insurer to assess your request for Financial Hardship assistance.
3. Depending on the circumstances of your request, the insurer may ask you to provide further information.

If we determine that you are entitled to Financial Hardship assistance, we will work with you to agree on an alternative arrangement and provide details of this in writing.

If we are unable to reach an agreement, or if you are unhappy with any aspect of the application process, you may lodge a complaint via one of the following methods:

Phone: (02) 9977 7378 or 1300 362 766

Email: enquiries@pointinsurance.com.au

Post: PO Box 744, Manly NSW 1655

SECTION 1 | YOUR DETAILS

Claim Number

Full Name

Residential Address

Suburb/Town State Postcode

Contact Number Alternative Contact Number

Email

SECTION 2 | DEPENDANT DETAILS

Marital Status Married De-facto Single

Dependant 1 Date of Birth / /

Dependant 2 Date of Birth / /

Dependant 3 Date of Birth / /

Dependant 4 Date of Birth / /

SECTION 3 | NOMINATED REPRESENTATIVE

If you would like to nominate a representative to handle your application on your behalf, please complete below.

Full Name of nominated representative

Relationship to you (e.g. Mother, Father, Son, Friend)

Contact Number Alternative Contact Number

Email

SECTION 4 | FINANCIAL DETAILS

Weekly Income Calculation

If any of the income you receive is paid monthly, please calculate this on a weekly basis. The calculation for this is Monthly Income x 12, then divided by 52.

Wages after tax	\$	<input type="text"/>
Centrelink benefits (Family allowance, jobstart or others)	\$	<input type="text"/>
Other weekly income (please list below)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total income received per week	\$	<input type="text"/>

Weekly Expenses Calculation

If any of the income you receive is paid monthly, please calculate this on a weekly basis. The calculation for this is Monthly expense x (times by) 12, then divided by 52.

Rent and/or mortgage payments	\$	<input type="text"/>
Other loan payments	\$	<input type="text"/>
Credit card payments	\$	<input type="text"/>
Motor vehicle expenses (petrol, insurance etc)	\$	<input type="text"/>
Living costs (food, travel, phone etc)	\$	<input type="text"/>
Other weekly expenses (please list below)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total expenses incurred received per week	\$	<input type="text"/>
Total expendable income per week (weekly income less weekly expenses)	\$	<input type="text"/>

SECTION 5 | FINANCIAL HARDSHIP DETAILS

Please provide us with a brief explanation of your financial circumstances, your situation and why you are requesting assistance for Financial Hardship. Please include supporting documents (if applicable).

SECTION 6 | ADDITIONAL DOCUMENTATION

The following documents will assist us in considering your request and must be attached if they are relevant.

PLEASE NOTE: If any documents you provide contain your Tax File Number (TFN), please blank it out.

	Attached	
Centrelink Statement	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Payslips	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Letter from doctor confirming inability to earn income due to disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Overdue medical bills	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bank notice (e.g. unpaid overdraft or repossession of mortgaged property)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Eviction notice	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Copies of unexpected bills/ payments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pending disconnection of essential services	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Letter from former employer confirming loss of employment	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Repossession notice of essential item (e.g. car, motorcycle)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Notice of impending legal action	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Funeral expenses	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION 7 | PRIVACY STATEMENT

We are committed to protecting Your privacy. We only use the personal information You provide to Us to quote on and insure Your risks. We only provide personal information to Our underwriters and re-insurers (and their representatives) and those We appoint to assist Us with claims under Your policy. We will not trade, rent or sell Your information.

If you don't provide Us with complete information, We cannot properly quote for Your insurance and We cannot insure You. You can check the personal information We hold about You at any time.

If You provide Us with personal information about anyone else, We rely on You to have told them that You will provide their information to Us, to whom We may provide it, the purposes for which We will use it and that they can access it. If the information is sensitive, We rely on You to have obtained their consent on these matters.

For more information about Our Privacy Policy, ask Us for a copy or visit Our website: www.pointinsurance.com.au.

SECTION 8 | DECLARATION

I solemnly and sincerely declare that the information provided in this form and any attachments which I have provided, is true, correct and complete in every detail. I have not withheld any information likely to affect the acceptance of the request. I understand that my request may be refused if the information supplied is untrue, or I have not revealed all relevant facts. I hereby agree that I have read, understood and agree to the collection and disclosure of personal information by Point Underwriting Agency / Point Insurance as outlined in our Privacy Statement.

Full Name

Date

 / /

Signature