

“Financial Hardship” means you are having difficulty meeting your financial obligations to us. If you are experiencing Financial Hardship and owe money to an insurer or you are in financial difficulty as a result of a claim, you can apply to the insurer to see if you qualify for assistance.

PLEASE NOTE: Financial Hardship assistance cannot be provided for unpaid general insurance premiums.

For more information about the Financial Hardship provisions under the General Insurance [Code of Practice](#).

Free, confidential, independent financial advice is also available to you via [Financial Counselling Australia](#) or through their counselling hotline on 1800 007 007.

If you have any questions about the process, or if you require assistance to complete this application, please contact us on 08 8372 4020 (between 8:30am & 5:00pm SA time expect weekends and public holidays) or email [support@if.net.au](mailto:support@if.net.au)

Policy Number

Insured Name

Please complete all sections

## APPLICANT (If there are more than two applicants, please complete an additional application)

Applicant 1:	Surname		Given Name(s)	
Applicant 2:	Surname		Given Name(s)	
	Postal address			
	State		Postcode	
	Preferred Contact Phone		Email	

We will use this email address for all written communication unless you advise us that you want to receive by post

Do you wish to nominate a representative to handle your application on your behalf? If yes, complete the details below.

Name	
Relationship to Insured	
Preferred Contact Number	
Email Address	

## SECTION A: Hardship Circumstances Details

Please explain the reasons / circumstances for your application and why you consider you are in urgent need of Financial Hardship assistance.

Depending on the circumstances of your request, we may ask you to provide additional information.

In assessing your request for Financial Hardship assistance, reasonable evidence of your Financial Hardship may assist us, such as, but not limited to:

- Evidence of serious illness or injury that prevents you from earning income
- Evidence of a disability, including a disability caused by mental illness
- Centrelink statements
- Evidence of your unemployment

Please explain the reason / circumstances for your application

**SECTION B: Nature of Assistance** – what assistance would you like Insurance Facilitators to consider?

Extension of due date for payment? If so, what date do you propose?	
Paying in instalments. If so, what can you afford and over what period?	
Paying a reduced lump sum regarding a recovery or excess. If so, what can you afford?	
Postponing one or more instalments. If so, when can you start/re-start the payments?	
Other options (combination of above or possible waiver of the debt)	
Do you have any additional comments or offers to complete paying this debt?	
Fast-tracked assessment of a claim	
Any additional information	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Privacy:** Any information collected pursuant to this application will be managed under Insurance Facilitators Pty Ltd Policy Link.

We may need to send this application on to the insurer to assess if we do not have the authority to review the assistance sought. If this is the case, we will advise you that this is required.

**General Insurance Code of Practice:** Agency in conjunction with supporting insurers, will manage any Financial Hardship application in accordance with Part 10 of the General Insurance Code of Practice.