

## Financial Hardship Application Form

**“Financial Hardship”** means you are having difficulty meeting your financial obligations to us.

For example, you may owe money to us if you have made a claim and need to pay an excess, or if you caused a car accident while uninsured and we are seeking payment for the damage from you.

If you owe us money, and you experience Financial Hardship, you may ask us to assess whether you are entitled to assistance.

**Please note:** The Financial Hardship provisions in the General Insurance Code of Practice do not apply to unpaid general insurance premiums.

### URGENT FINANCIAL NEED OF BENEFITS

Where you reasonably demonstrate to us that you are in urgent financial need of the benefits you are entitled to under your insurance policy as a result of the event causing the claim, we will:

1. Fast-track the assessment and decision process of your claim; and/or
2. Make an advance payment to assist in alleviating your immediate hardship within five business days of you demonstrating your urgent financial need; and
3. Provide details of our Complaints process, if you are not happy with our decision.

**Free, confidential, independent financial advice is also available to you, via the National Financial Counselling hotline on 1800 007 007 or visiting the Financial Counselling Australia website at [www.financialcounsellingaustralia.org.au/Corporate/Home](http://www.financialcounsellingaustralia.org.au/Corporate/Home)**

### PRIVACY STATEMENT

The personal information we collect from you on this form will be used to respond to your query. We may disclose your personal information to other members of Millenniums Underwriting Agencies, anyone we engage to do something on our behalf, and other organisations that assist us with our business.

**Our privacy policy is available at [www.millennium.com.au](http://www.millennium.com.au) or by calling 08 8291 2300.**



## Financial Hardship Application Form to be completed by all parties

### Personal Details

|  |  |                                |  |
|--|--|--------------------------------|--|
| Name:  |  | Business Hours Contact Number: |  |
| Address:   |  |                                |  |
| Marital Status:  |  |                                |  |
| No. and age of dependants:   |  |                                |  |
| Occupation:  |  |                                |  |
| Employment type (full time, part time, casual, self-employed, unemployed): |  |                                |  |
| Employer:  |  |                                |  |

|  |  |                                |  |
|--|--|--------------------------------|--|
| Name:  |  | Business Hours Contact Number: |  |
| Address:   |  |                                |  |
| Marital Status:  |  |                                |  |
| No. and age of dependants:   |  |                                |  |
| Occupation:  |  |                                |  |
| Employment type (full time, part time, casual, self-employed, unemployed): |  |                                |  |
| Employer:  |  |                                |  |

If you would like to nominate a representative to handle your application on your behalf, include their details below;

|  |  |                                |  |
|--|--|--------------------------------|--|
| Name:  |  | Business Hours Contact Number: |  |
| Company (if applicable):   |  |                                |  |
| Relationship to applicant:   |  |                                |  |
| I am authorised to act on behalf of the applicant  |  |                                |  |
| I am acting as an Authorised 3 <sup>rd</sup> Party and will be providing completed Authority Forms |  |                                |  |

## Financial Details

### A: 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:   |  |
| Child maintenance/support:                                 |  |
| Other:   |  |
| Total income per fortnight (\$A) =                         |  |

### B: Expenses you pay per fortnight

If any of the expenses you pay are paid monthly, please calculate what it is per fortnight and list below;

|   |  |
|---|--|
| Rent and/or mortgage payments:                              |  |
| Other loan payments:  |  |
| Credit Card payments:                                       |  |
| Motor vehicle expenses (petrol, insurance, lease payments): |  |
| Hospital/medical expenses:                                  |  |
| Other:  |  |
| Total expenses per fortnight (\$B) =                        |  |

|   |  |
|---|--|
| C Total income minus total expenses per fortnight (\$A-\$B) = |  |
|---|--|

## Financial Hardship

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

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 you provide contain your Tax File Number (TFN), please blank this out.***

- Bank Statements
- Centrelink statements, Payslips
- Letter from your 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 item, eg car, motorcycle
- Funeral expenses
- Notice of impending legal action

## Assistance

### What assistance would you like us to consider?

- Extension of due date of payment. When will you be able to make a payment?
- Paying in instalments. What can you afford and when?
- Paying a reduced lump sum. What can you afford?
- Postponing one or more instalments. When will you be able to make a payment?
- Other (including a combination of the above options). Please provide details of what you are seeking.
- While you're not automatically entitled to a release, discharge or waiver of a debt, you may ask us to consider this option.

### Please attach any additional pages to this application as needed and send with supporting documents to:

Head of Claims  
Millennium Underwriting Agencies Pty Ltd  
PO BOX 309  
KENT TOWN SA 5071  
Email: [claims@mua.com.au](mailto:claims@mua.com.au)

We will notify you about our assessment of whether you are entitled to assistance for your Financial Hardship as soon as reasonably practicable. If we determine that you are not entitled to Financial Hardship assistance, we will provide you with the reasons for our decision, and information about our complaints process.