

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

If you owe money to Combined Insurance (Combined) a division of Chubb Australia Insurance Limited (Chubb) or the assessment of your claim has been delayed due to the gathering of information to make a decision and you experience Financial Hardship, you can apply to Combined to see if you qualify for assistance.

The following information will be used by Combined 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 assistance **cannot** be provided for unpaid general insurance premiums. More information about the Financial Hardship provisions in the Code of Practice can be found at:

<http://codeofpractice.com.au/for-consumers/financial-hardship>.

Free, confidential, independent financial advice is also available to you through the national financial counselling hotline 1800 007 007.

## Privacy Statement

The information provided on this form is collected by Combined for the purposes of assessing your request and the provision of insurance services. We may provide information to government, regulatory or other bodies if required by law. Our privacy policy provides more information about how we manage and protect personal information. It sets out how you can access and correct the information that Combined holds about you, how you can complain about a breach of privacy and our process for resolving privacy related enquiries and complaints. For further information, visit our website.

### Personal Details

Account Number				
Claim Number				
Name				
Address			Telephone	
Marital Status		No. and age of dependants	Occupation	
Employment status (full-time, part-time, self-employed, unemployed)				
Employer Name				

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

Name				
Relationship		Telephone (business hours)	E-mail address	

### Financial Details

Income you receive per week (if any of the income you receive is paid monthly, please calculate what this is per week)

Wages after tax	
Centrelink benefits (Family Allowance, Jobstart or other)	
Child maintenance/support	
Rent received	
Other	
<b>Total income per week (\$A)</b>	<b>(\$A)</b>

Expenses you pay per week (if you make any monthly payments, please calculate what these payments are per week)

Rent and/or mortgage payments	
Other loan payments	
Credit card payments	
Child support payments	
Motor vehicle expenses (petrol, insurance, lease payments)	
Living costs (food, public transport, telephone etc) with all staff?	
Hospital/medical expenses	
Other	
<b>Total expenses per week (B)</b>	<b>(B)</b>
<b>Total income - Total expenses per week (A - B)</b>	

### Financial Hardship

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

The following documents will assist us in considering your request, and should be attached where they are applicable to your situation. Failure to provide supporting information may result in a delay in the assessment of your request.

**Please Note:** If any of the documents you provide 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

### Assistance

What assistance would you like your insurer to consider?

Extension of due date for payment	When will you be able to make 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 payment?
An advance payment under your claim while information is being gathered	Are you able to assist in having this information provide to us quickly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (including a combination of the above options)	Please provide details of what you are seeking

## Complaints

If you are unable to reach an agreement with Combined about Financial Hardship assistance, or if you are unhappy with any aspect of the application process, you may make a complaint. If you wish to make a complaint please contact us at: [complaints@combined.com.au](mailto:complaints@combined.com.au).

## Chubb Hardship Form

Combined Insurance  
PO Box 403  
North Sydney NSW 2059  
Tel: 1300 300 480  
Email: [complaints@combined.com.au](mailto:complaints@combined.com.au)

Please refer to [www.combined.com.au](http://www.combined.com.au) for information on Combined's complaints handling process, detailed in our Compliments, Complaints and Dispute Resolution – A Guide to Our Procedures Brochure.

## Declaration

I certify that the information provided above is true and correct and that I have not withheld any information likely to affect the acceptance of request. I understand that my request may be refused if the information supplied is untrue, or I have not revealed all relevant facts.

Signature of applicant	
Name of applicant	
Date	



A division of Chubb Insurance Australia Limited

Chubb Insurance Australia Limited ABN 23 001 642 020 | AFSL Number 239687

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