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###### Financial Hardship Application

###### NM Insurance Pty Ltd 2020

#### NM Insurance Financial Hardship Application Form

**“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](http://codeofpractice.com.au/for-consumers/financial-hardship).

Free, confidential, independent financial advice is also available to you via [Financial Counselling Australia](https://www.financialcounsellingaustralia.org.au/) or through their counselling hotline on 1800 007 007.

**Please complete ALL sections of the document:**

|  |  |
| --- | --- |
| Reference (Policy no. / Claim no.) |  |
| Name |  |
| Postal Address |  |
| Contact telephone number |  |
| Email Address |  |

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 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

|  |
| --- |
| **Reasons / Circumstances for application:** |

**SECTION B.**

**Nature of assistance:**

What Assistance would you like us 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 |  |

\*Please add an additional sheet if you require additional space for responses

**Declaration**

|  |
| --- |
| I certify that the details in this application form are true and accurate. |
| **Signature:**  **Date:** |

**Privacy**: Any information collected pursuant to this application will be managed under our [Privacy Policy](https://www.nminsurance.com.au/privacy/).

We will send this application on to the insurer that underwrites your insurance. They will review and assess it within 21 calendar days.

**General Insurance Code of Practice**: We in conjunction with supporting insurers, manage Financial Hardship applications in accordance with [Part 10](http://codeofpractice.com.au/2020/10/ICA001_COP_Literature_Code_OnScreen_RGB_DPS_10.2_LR2.pdf) of the General Insurance Code of Practice.