



Financial Hardship Application Form

Financial Hardship Application Form

In this Financial Hardship Application Form (Application Form) the use of “we”, “our” or “us” means 360 Underwriting Solutions Pty Ltd and its subsidiaries, related entities and Authorised Representatives.

We appreciate there are times when circumstances beyond your control can make it difficult to meet all your financial commitments.

If you're struggling to make a payment to us, please let us know as soon as possible:

360 National Claims Team

Post. Suite 1, Level 18,
201 Kent St,
Sydney, NSW 2000
Telephone. 1800 845 092
Email. claims@360uw.com.au

You can also contact us if you have an urgent financial need. For further details, please read Part 6 (Urgent Financial Need) of our Financial Hardship Policy.

Follow the steps below to make a financial hardship application and we'll consider any financial issues you're experiencing.

1. Complete Your Application

Complete the Application Form and gather the documents, information and other evidence (Supporting Documents) to support your application.

We will only request Supporting Documents that are reasonably necessary for us to assess your application. The following Supporting Documents may be required:

Financial Situation

- + information for your main income (e.g. payslip);
- + letter from former employer confirming loss of employment;
- + letter from charitable organisation regarding loss of employment or inability to provide for basic necessities;
- + if you are a Centrelink client, your Centrelink statements;
- + bank notice regarding unpaid overdraft or repossession of mortgaged property;
- + eviction notice;
- + copies of unexpected bills/payments;
- + pending disconnection of essential service/s;
- + repossession notice of essential items e.g. car, motorcycle;
- + funeral expenses;
- + notice of impending legal action;
- + family law court document regarding changes;

Medical Situation

- + letter from doctor confirming inability to earn income due to disability, injury, illness or caring for sick family member;
- + overdue medical bills.

Please note: For privacy reasons, if any of the documents you provide contain any government identifiers (such as a Tax File Number or Medicare Number), please blank these out before sending.

2. Submit Your Application

If you need help with the application process, contact our National Claims Team on [1800 845 092](tel:1800845092)

We can take you through the process and help you complete your application, but you'll still be required to provide the Supporting Documents.

Submit your completed Application Form and all Supporting Documents to the 360 National Claims Team via email at claims@360uw.com.au

We will communicate with you about your application and where possible, we will use your preferred method of communication. If we know that you have nominated a representative, then we will keep that person updated about your request for financial hardship assistance, unless you tell us not to.

3. Privacy Statement

The information provided by you on this Application Form is collected by us for the purpose of assessing your financial hardship application.

We comply with the *Privacy Act 1988* (Cth) (Privacy Act), the Australian Privacy Principles and any other applicable privacy regulations regarding the collection, storage, use and disclosure of “personal information” as defined under the Privacy Act.

Our Privacy Policy outlines how we may collect, store, use and disclose your personal information. If you require a copy of our Privacy Policy, please visit our website at www.360uw.com.au

Financial Hardship Application Form

If you have any questions about the process, or if you require assistance to complete this application, please contact our National Claims Team on **1800 845 092** (Office hours Monday to Friday, 9am to 5pm except public holidays).

Reference (Policy number/claim number/other reference)

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

Suburb

State

Postcode

Preferred contact number

Email

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

Dependants

Name

Age

Dependants	Name	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hardship Details

Circumstances of Hardship

Please explain the reason for your application

Nature of Assistance

What assistance would you like us to consider?

- + Extension of due date for payment. If so, when will you be able to make payment?
- + Paying in instalments. What can you afford, how often and over which period?
- + Paying a reduced lump sum. What can you afford?
- + Postponing one or more instalments. When will you be able to start/re-start making payment?
- + Other (including a combination of the above options or a possible waiver of the debt).

Please provide details of what you are seeking

Financial Details

Weekly Income

Wages after tax	\$
Centrelink benefits (Family Allowance, JobSeeker, other Government payments, etc)	\$
Child maintenance/support	\$
Rent received	\$
Other income	\$
Total weekly income	\$

Weekly Expenses

Rent and/or mortgage payments	\$
Other loan payments	\$
Child support payments	\$
Motor vehicle expenses (petrol, insurance, lease payments)	\$
Living costs (utilities, food, public transport, telephone, etc)	\$
Hospital/medical expenses	\$
Other expenses	\$
Total weekly expenses	\$