



Accident & Health
International Underwriting
Pty Ltd (AHI)
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Financial Hardship Application Form

If you have any questions about the process, or if you require assistance to complete this application, please contact us on 1800 618 700 or enquiries@ahiinsurance.com.au (Office hours Monday to Friday, 9am to 5pm AEST except public holidays). Once your application is completed, please send through to enquiries@ahiinsurance.com.au

Applicant If there are more than two applicants, please complete an additional application.

Applicant 1 Given Name(s)

Applicant 1 Family Name

Applicant 2 Given Name(s)

Applicant 2 Family Name

Residential Address (cannot be a PO Box)

Suburb

State

Postcode

Email Address

Daytime Contact Number

Alternative Number

Preferred Method of Contact

Phone

Email

Post

Policy Number (if known)

Dependants

Name	Age

Do you want to nominate a representative to handle your application on your behalf?

Yes

No

If 'Yes', name

Email Address

Daytime Contact Number

Alternative Number

Hardship Details

Please describe the reason/s for your application

Nature of assistance – please select what assistance you would like AHI to consider?

- | | | | | | |
|-------------------------------------|-----|----|-------------------------------------|-----|----|
| • Delaying of due date for payment? | Yes | No | • Paying a reduced lump sum? | Yes | No |
| • Paying in instalments? | Yes | No | • Delaying one or more instalments? | Yes | No |
| • Other? | Yes | No | | | |

Please provide further details of what assistance you are seeking

Employment Details

Employed

Yes No Type: Self employed Full-time Part-time Casual Contractor

Employer 1

Name Occupation
Name of contact person Salary per month Telephone
\$
(please attach a copy of the most recent payslip)

Employer 2

Name Occupation
Name of contact person Salary per month Telephone
\$
(please attach a copy of the most recent payslip)

Employer 3

Name Occupation
Name of contact person Salary per month Telephone
\$
(please attach a copy of the most recent payslip)

Financial Details

Income you receive per month apart from salary

Centrelink (please attach a copy of the most recent Centrelink statement)

\$

Other (such as rent, investment). Details of other sources of income

	\$
	\$

	\$
	\$

Expenses you pay per month

Rent and/or mortgage payments Child support Other loan payments Utilities
\$ \$ \$ \$
Credit card payments Living costs (telephone, food, clothing, public transport etc.) Motor vehicle expense (petrol, insurance, lease payments)
\$ \$ \$

Other (such as school fees, hospital/medical costs, insurance etc). Details of other costs

	\$
	\$

	\$
	\$

For more information

More information about the Financial Hardship provisions in the Code of Practice can be found at codeofpractice.com.au/for-consumers/financial-hardship. Free, confidential, independent financial advice is also available to you via Financial Counselling Australia www.financialcounsellingaustralia.org.au or through the National Debt Helpline 1800 007 007.

General Insurance Code of Practice

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au

Privacy Declaration

I/We agree that, by submitting this form, the personal information I/we provide to AHI in this form or otherwise may be collected, held, used and disclosed in the manner set out in the AHI Privacy Policy found at www.ahiinsurance.com.au, including for the processing of this application.

Signature of applicant or nominated representative

Date