

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 1300 655 001 (Office hours Monday to Friday, 8am to 5pm AEST except public holidays).

Applicant				
Reference (policy number/claim number/other r	eference)			
Organisation or company name				
Applicant 1				
Surname	Given name (s)			
Applicant 2 Surname				
Surname	Given name (s)			
Postal Address				
	ŗ	Postcode		
Preferred contact number	Email	osteode		
Preferred Method of Contact Phone Email Post				
Dependants		A		
Name		Age		
Do you want to nominate a representative to ha	andle your application on your beh	alf?	YES	NO
Preferred contact number	Email			

Hardship details

Circumstances of hardship (Please explain the reason for your application)

Nature of assistance

What assistance would you like CCI 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

Employment details

(If you **are not** an individual please do not fill this out. We will contact you separately)

Are you employed?

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

Employer 1

Name Occupation

Name of contact person Telephone

Salary per month

\$ (please attach a copy of the most recent payslip)

Employer 2 Name Occupation Name of contact person Telephone Salary per month (please attach a copy of the most recent payslip) Employer 3 Occupation Name Occupation Name of contact person Telephone Salary per month (please attach a copy of the most recent payslip)

Financial details

Financial details	
Income you receive per month apart from salary	
Centrelink (please attach a copy of the most recent Centrelink statement)	\$
Other (Details of other sources of income such as rent, investment)	
	\$
	\$
	\$
Expenses you pay per month	
Rent and/or mortgage payments -	\$
Other loan payments -	\$
Credit card payments -	\$
Utilities -	\$
Child support -	\$
Motor vehicle expenses (petrol, insurance, lease payments) -	\$
Living costs (telephone, food, clothing, public transport etc.) -	\$
Other costs (Details of other costs such as school fees, hospital/medical co	osts,
	\$
	\$
	\$
	\$

Privacy

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles (APPs)*. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at **www.ccinsurance.org.au**.

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**.

Declaration

I/We declare that the information provided is true and correct.

Client signature

Date / /

How to Contact Us

Mail Catholic Church Insurance Limited

GPO Box 180 Melbourne 3001

Email financialhardship@ccinsurance.org.au

Website www.ccinsurance.org.au

Telephone 1300 655 001 **Facsimile** 03 9934 3462

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