

# Financial Hardship Application

If you have any questions about the process, or if you require assistance to complete this application, please contact our Customer Care Unit on 1300 819 888 (Office hours Monday to Friday, 9am to 5pm except public holidays.)

Reference (Policy number / Claim number)

**Please complete all sections.**

**Applicant** (if there are more than two applicants, please complete an additional application.)

	Surname	Given name(s)
Applicant 1	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Applicant 2	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Postal Address	<input style="width: 100%; height: 30px;" type="text"/>	
Phone number/s	<input style="width: 100%; height: 30px;" type="text"/>	
Email	<input style="width: 100%; height: 30px;" type="text"/>	

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

	Name	Age
Dependents	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

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

If 'Yes', name	<input style="width: 80%; height: 30px;" type="text"/>
Preferred contact number	<input style="width: 80%; height: 30px;" type="text"/>
Email	<input style="width: 80%; height: 30px;" type="text"/>

## Hardship Details

Please explain the reason for your application

### What assistance would you like Go Insurance 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 possible waiver of the debt).

Please provide details of what you are seeking

## Employment Details

**Employed:** \_\_\_\_\_ **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

Name		Occupation	
Name of Contact Person		Telephone	
Salary per month	\$	(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

Please provide evidence of expenses.

Rent and/or mortgage payments	\$	Child Support	\$
Other loan repayments	\$	Motor vehicle expenses	\$
Credit card payments	\$	Living costs (ie Phone, food, clothing)	\$
Utilities	\$		

Other costs (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

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

Free, confidential, independent financial advice is also available to you via Financial Counselling Australia

<http://www.financialcounsellingaustralia.org.au> or through the national financial counselling hotline 1800 007 007.

### Declaration

I/We 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

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Name of Applicant

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Date

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### What to do next

Return the completed form via email to [claims@goinsurance.com.au](mailto:claims@goinsurance.com.au) or post to Go Insurance, PO Box 5964, Brendale Qld 4500