

# 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, 9am to 5pm AEST except public holidays – Calls from mobiles, public telephones or hotel rooms may attract additional charges).

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

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Reference *(policy number/claim number/other reference)*

Organisation or company name

### **Applicant 1**

Surname

Given name (s)

### **Applicant 2**

Surname

Given name (s)

Postal Address

Postcode

Preferred contact number

Email

Preferred Method of Contact

Phone

Email

Post

### **Dependants**

Name

Age

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

YES

NO

*If yes, Name*

Preferred contact number

Email

## Hardship details

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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

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*(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**

Name Occupation

Name of contact person Telephone

Salary per month

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

**Financial details**

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

**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 costs, insurance etc.)*

\$

\$

\$

\$

## Privacy

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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](http://www.ccinsurance.org.au).

## For more information

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More information about the Financial Hardship provisions in the Code of Practice can be found at [codeofpractice.com.au/for-consumers/financial-hardship](http://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](http://www.financialcounsellingaustralia.org.au) or through the National Debt Helpline **1800 007 007**.

## Declaration

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

Client signature

Date        /        /

*Please email the completed form to [FinancialHardship@ccinsurance.org.au](mailto:FinancialHardship@ccinsurance.org.au)*

### How to Contact Us

**Mail** Catholic Church Insurance Limited  
GPO Box 180 Melbourne 3001  
**Website** [www.ccinsurance.org.au](http://www.ccinsurance.org.au)  
**Telephone** 1300 655 001  
**Facsimile** 03 9934 3462

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CCI1044 04/21