Flex insurance
Your Cover Your Choice

Financial Hardship GUIDE

Experiencing financial hardship?

If you need to make a payment to Flex and think you may have trouble, or are finding it difficult to meet repayments, please let us know as soon as possible so we can consider the most appropriate options to assist you.

We understand situations can sometimes arise that make it difficult to meet all of your financial commitments. If you feel you're facing financial hardship, the following process highlights how you can get in touch with us to request assistance.

We will consider every request for assistance on an individual basis and will work with you to develop a solution tailored to you circumstances.

Process

To enable us to consider any financial issues you may be experiencing, please complete the *Financial Hardship Application form*. This form sets out the type of information we need to be able to consider a financial hardship request.

Please complete the form below, scan the relevant supporting information and email it all to financialhardship@flexinsurance.com.au. Alternatively you can post hard copies of the same information to Flex Insurance PO Box 500, North Sydney NSW 2059.

Examples of documents to provide as support

As a minimum you need to provide supporting information for your main income (pay slip, Centrelink statement etc.). Depending on the circumstances of your request, we may ask you to provide further information.

The following documents may assist your application if they are relevant to your individual circumstances.

Financial situation

- Letter from employer confirming loss of employment
- Letter from charitable organisation regarding loss of employment or inability to provide for basic necessities
- Bank notice regarding unpaid overdraft or repossession of mortgaged property
- 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 to us contain any government identifiers such as Tax File Number etc. please blank these out before sending.

Once you have provided us with all the details of your request we will get back to you within 10 working days.

National Debt Helpline Assistance

Sometimes you may need extra assistance to get through a difficult time. For free, confidential, independent financial advice you should contact National Debt Helpline on 1800 007 007.

We expect our procedures will deal fairly and promptly with your request. However, if you remain dissatisfied you may be able to access the services of the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free for consumers.

You can contact AFCA:

- By phone: 1800 931 678 (free call)
- By email: info@afca.org.au
- In writing:

Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001

By visiting www.afca.org.au

CONTINUES NEXT PAGE

Flex insurance
Your Cover Your Choice

Financial Hardship
APPLICATION FORM

Please complete all sections.

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

APPLICANT

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

1 Applicant **1** Surname

Applicant **1** Given name/s

2 Applicant **2** Surname

Applicant **2** Given name/s

Postal address

Town/Suburb

State

Postcode

Email address

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

Preferred contact number

1 Dependent **1** Name — Age

2 Dependent **2** Name — Age

3 Dependent **3** Name — Age

4 Dependent **4** Name — Age

Do you want to nominate a representative to handle your application on your behalf? No Yes

If 'Yes', Representative's name

Preferred contact number

Preferred contact email adress

HARDSHIP DETAILS

Circumstances of hardship - please explain the reason for your application

CONTINUES NEXT PAGE

HARDSHIP DETAILS continued

Nature of assistance - what assistance would you like Flex 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 a possible waiver of the debt).

Please provide details of what you are seeking

EMPLOYMENT DETAILS

Employed: No ☐ Yes ☐

Type: Self-employed ☐ Full-time ☐ Part-time ☐ Casual ☐ Contractor ☐

1

Employer **1** Name | Occupation

Name of contact person | Telephone

Salary per month

$ Please attach a copy of the most recent payslip

2

Employer **2** Name | Occupation

Name of contact person | Telephone

Salary per month

$ Please attach a copy of the most recent payslip

3

Employer **3** Name | Occupation

Name of contact person | Telephone

Salary per month

$ Please attach a copy of the most recent payslip

CONTINUES NEXT PAGE

Financial Hardship Application Form

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 ..... $

Other loan payments..... $

Credit card payments ..... $

Utilities..... $

Child support..... $

Motor vehicle expenses (petrol, insurance, lease payments) ..... $

Living costs (telephone, food, clothing, public transport etc.)..... $

DECLARATION

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

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.

PRIVACY CONSENT NOTICE

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.flexinsurance.com.au

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to issue, administer and manage products and provide services.

SUBMITTING YOUR APPLICATION

Once you've completed your application, you can send it to us by email. To do this:

1. Scan your supporting documents and save them to your computer. (make sure you've blacked out any government identifiers like your tax file number);
2. Print, scan and attach the completed application form and supporting documents to your email and send to financialhardship@flexinsurance.com.au

Please save completed form to your computer first before emailing **Email the completed form to: financialhardship@flexinsurance.com.au**

CHUiSAVER Underwriting Agency Pty Ltd (ABN 85 613 645 239, AFSL 491113) trading as Flex Insurance acts under a binding authority as agent of the insurer - QBE Insurance (Australia) Limited (ABN 78 003 191 035, AFSL 239545).