



APPLICATION FORM ➡

Financial Hardship

1. Questions

If you have questions about the Application process or how to complete this Application form, please contact our office on (02) 9966 9777 between 8.30am to 5.00pm AEST from Monday to Friday.

2. Submission

Please submit your Application and supporting documentation by email to compliance@mbinsurance.com.au or alternatively via post to:

MB Insurance Group
PO Box Q1233,
QVB Post Office NSW 1230

3. Next Steps

Upon submission of your Application, we will:

Acknowledge receipt;

1. Review and contact you if we require additional information; and
2. Contact you with our decision.

4. Support Services

For free, independent and confidential financial advice, please contact the National Debt Helpline on 1800 007 007 or visit their website at <https://ndh.org.au/>.

5. Standards

MB Insurance is committed to complying with the General Insurance Code of Practice, which is found at <http://codeofpractice.com.au/>.

Please complete all sections ➔

Reference Number _____ [Policy Number / Claim Number / Invoice Number / Other]

Applicant/s

Applicant 1

Surname _____

Given Name/s _____

Postal Address _____

Phone Number _____

Email Address _____

Applicant 2

Surname _____

Given Name/s _____

Postal Address _____

Phone Number _____

Email Address _____

Nominated Representative

If you want to nominate a representative to handle your application

Surname _____

Given Name/s _____

Postal Address _____

Phone Number _____

Email Address _____

Preferred Communication Method

All written communication to you or your Nominated Representative will be via email unless you advise otherwise

Preferred Communication Method Email ☐ Phone ☐ Post ☐

Dependents

Surname _____ Surname _____

Given Name/s _____ Given Name/s _____

Age _____ Age _____

Surname _____ Surname _____

Given Name/s _____ Given Name/s _____

Age _____ Age _____

Employment Details ➔

Employed: Yes ☐ No ☐ **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)

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	\$	Motor vehicle expenses (petrol, insurance, lease payments)	\$
Credit card payments	\$	Living costs (telephone, food, clothing, public transport etc.)	\$
Utilities	\$		
Other costs (such as school fees, hospital/medical costs, insurance etc.) Details of other costs			
			\$
			\$

Financial Hardship Details ➔

Reason

Please outline reason for your application

Assistance

Please outline the assistance you would like MB Insurance to consider.

Assistance may include:

1. **Due date extension** – when will you be able to pay?
2. **Payment by instalments** – when and over what period of time?
3. **Reduced lump sum payment** – what can you afford?
4. **Postpone one or more instalment payments** – when and over what period of time?
5. **Other** – a combination of above

Documentation*

Please provide documentation to support the reason for your request for assistance, which should include several of the following as relevant to your application.

1. Most recent payslip or Centrelink statement (Required).
2. Employer confirmation of loss of employment.
3. Summary of all monthly outgoings, including living costs, debt repayments and any other expenditure.
4. Details confirming any overdue debts, including notices of active debt recovery action, disconnection of essential services and/or eviction.
5. Details confirming any active or pending legal action.
6. Any other information relevant to support the reason for your application.

We may ask for additional information after our initial assessment of your application.

- * Please note for privacy reasons, if any of the documents you provide contain any government identifiers, for example a Tax File Number, please blank these out before sending.

Privacy and Declaration ➡

Declaration

I/We declare the information provided in this application form is true and correct

Signature _____

Name (print) _____ Date _____

Signature _____

Name (print) _____ Date _____

Privacy

In this privacy statement "we", "us" and "our" means the Insurer, MB Insurance Group Pty Limited's representative or MB Insurance Group Pty Limited acting under a binder as its agent and "you" or "your" means any individual whose personal information we collect for the purposes of this application.

We are bound by the requirements of the Privacy Act 1988 (Cth), which set out standards on the collection, use, disclosure and handling of personal information.

Personal information is essentially any information or an opinion about an identified individual, or an individual who is reasonably identifiable. See the Privacy Act for full details of what constitutes personal information.

Our Privacy Policy is available at mbinsurance.com.au or you can contact us on (02) 9966 9777.

By providing us with personal information, you and any person you provide personal information for, consent to the uses described in our Privacy Policy unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with please contact MB.