



# Financial Hardship Application Form

## What does Financial Hardship mean?

Financial Hardship means you have difficulty meeting your financial obligations to us.

This could be due to:

- o Death of a family member
- o Serious illness
- o Family violence
- o Unemployment
- o Reduced income

We recognise this is a challenging time for you and we will treat you with respect and consideration.

Please complete this form in full so that we can assess your application as expediently as possible.

Name:

Address:

Email:

Phone Number:

Policy Number:

Claim Number:

If you would prefer to nominate another person to handle your request, please fill in their details below:

Name:

Relationship:

Address:

Email:

Phone Number:

Please confirm your preferred method of communication:

Email

Phone

Writing / Post

Please state your reason for applying for financial hardship:

## **Assessing Hardship**

When we are assessing your request for Financial Hardship support, we will consider all reasonable evidence. We will request information from you only if it is reasonably necessary for us to assess your application for Financial Hardship support.

Should we require further information before we can make our decision, then we will advise you of the information we need as early as possible.

Please supply evidence below or attach to this form:

We ask that you provide this information to us within 21 calendar days from the date of our request, unless we have agreed with you on a different timeframe.

Please explain the outcome you would prefer:

### **How long will your assessment take?**

We will tell you in writing of our decision about whether to give you Financial Hardship support within 21 calendar days after we receive your application, unless we have asked you to provide us with more information.

If we do ask you for more information, and

1. you provide all information we requested, then within 21 calendar days of receiving it we will tell you in writing, our decision about whether to give you Financial Hardship support; or
2. you do not provide all information we requested within 21 calendar days (or by a later date we agree to), then within 7 calendar days of that deadline passing, we will tell you in writing, our decision.

### **What options can we give you?**

The support that we provide does not include support with paying the premiums under an insurance policy we have issued.

If we decide you are entitled to Financial Hardship support, then we will work with you to implement an arrangement, that we both agree with. We will confirm the agreed arrangement with you. Where possible this will be in your preferred method of communication.

### **What happens if you don't agree with our assessment?**

If you are not happy with our response to your request about urgent financial need, then we will tell you about our Complaints process. Please contact our Complaints Officer: [complaints@qua.net.au](mailto:complaints@qua.net.au).

### **How do we look after your Personal Information?**

The protection of your information and privacy is important to us.

Please refer to our Privacy Policy for more information on how we collect, store and use your information This is available on our website or from our Privacy Officer: [alex@qua.net.au](mailto:alex@qua.net.au)

## Declaration

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### Please read carefully before signing

I/we declare that all the particulars stated above and statements made in support thereof are true and correct and that no information relevant to this application has been withheld.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations and that legal action may be instigated against me should I provide false or misleading information.

Signed:

Dated:

By:

Position:

## Instructions for the Insured

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Please return your completed application form and any supporting documentation to **your broker**.

Please note: Quantum Underwriting Agencies is not the insurer under your policy. The insurer(s) are those underwriters shown under "Security" in your schedule. In accepting this claim form, Quantum Underwriting Agencies is acting as an agent of the insurer(s) and not as your agent.

## Instructions for your Broker

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Please forward the client's completed claim form and any supporting documentation to:

**admin@qua.net.au**

Quantum Underwriting Agencies  
PO Box 7163  
Eaton  
WA 6232

Tel: 1300 974 095

Email: **admin@qua.net.au**