

Financial Hardship
Application Form
2024 01

Batch
Accident & Health

INTRODUCTION

We appreciate there are times when circumstances beyond your control can make it difficult to meet all your financial commitments. If you're struggling to make a payment to us, please let us know as soon as possible:

Batch Accident & Health

Call **1800 956 556**

Email: **support@batchuw.com**

Follow the steps below to make a financial hardship application and we'll consider any financial issues you're experiencing.

COMPLETE YOUR APPLICATION

Complete a financial hardship application form and gather your supporting documents. You'll need to provide supporting information for your main income (payslip or Centrelink statement). The following documents may be required if they're relevant to your circumstances:

Financial Situation

- letter from former employer confirming loss of employment.
- letter from charitable organisation regarding loss of employment or inability to provide for the basic necessities.
- bank notice regarding unpaid overdraft or repossession of mortgaged property.
- eviction notice.
- 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.
- Overdue medical bills

Medical Situation

- letter from doctor confirming inability to earn income due to disability, injury, illness or caring for sick family.

Please Note: For privacy reasons, if any of the documents you provide contain any government identifiers such as Tax File Number, Medicare Number etc. please blank these out before sending.

SUBMIT YOUR APPLICATION

If you need help with the application process, contact Batch on **1800 956 556**

We can take you through the process and help you complete your application, but you'll still be required to supply supporting information.

Submit your completed financial hardship application and all supporting information to Batch via email at **support@batchuw.com**. We understand the urgency of your application. Once we receive your application, we will endeavour to get back to you as soon as reasonably possible.

Financial Counselling

Sometimes you may need extra help to get through a difficult time.

For free, confidential, independent financial advice visit **www.financialcounselingaustralia.org.au** or call the national financial counselling hotline on **1800 007 007**

Financial Hardship Provisions in the Code of Practice

You can find out more by reviewing the General Insurance Code of Practice at **www.codeofpractice.com.au**

Our Privacy Policy

We comply with the Privacy Act 1988 (Cth), the Australian Privacy Principles and any other applicable privacy regulations regarding the collection, storage, use and disclosure of "personal information" as defined under the Privacy Act 1988 (Cth). Our Privacy Policy outlines how we may collect, store, use and disclose your personal information. If you require a copy of our Privacy Policy, please visit **www.batchunderwriting.com**.

Please complete all sections

FINANCIAL HARDSHIP APPLICATION FORM

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Reference

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

Applicant

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

Full Name of the Insured	<input type="text"/>	
Full Name of the Insured	<input type="text"/>	
Postal Address	<input type="text"/>	
	STATE	POSTCODE
	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	

Circumstances of Hardship

Please explain the reason for your application

Nature of Assistance

What assistance would you like Batch 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:

Financial Details:

1. Employment Details:

Current Employer	<input type="text"/>
Monthly Income	<input type="text"/>
Employment Status	<input type="text"/>

2. Monthly Expenses:

Rent/Mortgage	<input type="text"/>
Utilities	<input type="text"/>
Food/Groceries	<input type="text"/>
Transportation	<input type="text"/>
Other (Specify)	<input type="text"/>

Supporting Documents:

Please attach any supporting documents, such as pay stubs, bills, medical expenses, etc.

Declaration:

I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in denial of assistance.

SIGNATURE:

DATE: (DD/MM/YY)