

Financial Hardship Assistance Application Form

If you are experiencing financial hardship, you can fill out this form to seek financial assistance other than assistance in relation to insurance premium payment.

If you are unable to complete sections of this form, then please explain why but still submit your application completed as best you can.

Please complete this form and **press submit form to** send it to the Marsh Customer Vulnerability Officer who will assess your application for Financial Hardship Assistance. Otherwise, the Marsh Customer Vulnerability Officer can be contacted at:

Email: Customervulnerability@Marsh.com

Phone: (02) 7252 2450

Reference No. and/or description of matter this application relates to:	
Policy or Claim Reference No.	
Name of your Marsh contact	
Description of matter (money owed to us/claim payment etc.)	

Applicant	
Name/Company Name	
Address	
ACN/ABN (if company)	
Contact Name (if company)	
Contact Number	
Email address	

Representative's details

(Complete this section if you would like to nominate a representative to handle your application on your behalf. We will direct all correspondence to your representative.)

Name	
Address	
Contact Number	
Email address	

Reason for Application

(please explain the circumstances of your hardship and reasons why you are seeking assistance)

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Nature of Assistance

We have a number of identified ways in which we can provide you with assistance. These may include the following:

- waiving our service fees;
- our release or discharge of your debt;
- delaying the date on which a payment must be made by you;
- arranging for you to pay us in instalments;
- the payment of a reduced lump sum amount;
- the delay of one or more instalment payments for an arranged period;
- deducting the excess from the claim amount;
- waiving the excess; and/or
- expediting a claims payment;

Please select what type of assistance you are seeking or request any other type of assistance below:

Employment Details (Please use an attachment if additional space is needed)	
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Casual <input type="checkbox"/>	Contractor <input type="checkbox"/>
Employer 1	
Address	
Contact Person	
Hours worked per week	
Salary/Wages per month <i>(please provide evidence such as pay-slip or bank statement)</i>	
Employer 2	
Address	
Contact Person	
Hours worked per week	
Salary/Wages per month <i>(please provide evidence such as pay-slip or bank statement)</i>	

Other Income (Please provide income you receive other than your salary/wages listed above e.g. centrelink, rent investments. Please attach evidence of such income)

Source	Amount	
•	•	
•	•	
•	•	
•	•	
•	•	
•	•	
•	•	
•	•	
Monthly Expenditures		
Rent/home loan payments	\$	
Other loans	\$	
Credit card payments	\$	
Utilities/Rates (electricity, gas, water, council)	\$	
Motor vehicle expenses (petrol, insurance, lease payments)	\$	
Food	\$	
Other living expenses (telephone, internet, public transport, clothes)	\$	
Entertainment	\$	
Other insurances	\$	
Medical Expenses	\$	
School Fees	\$	
Child Support	\$	
Other	\$	
Do you have any dependents? (If so, please include in above listed expenditures)	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Many:

Savings/Liquid Assets

Do you have any savings? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Please attach evidence
Do you have any liquid assets? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ Please attach evidence

Declaration and Signature

By signing this form, I:

- warrant and declare that all information provided herein is true, accurate and complete and I have not deliberately withheld any information which may be material to the consideration of this application;
- acknowledge that, if any information is not true accurate or complete or has been deliberately withheld, this may affect my application and I may not receive financial hardship assistance;
- acknowledge that, in assessing this application, Marsh will consider all reasonable evidence and all information requested herein is reasonably required for Marsh to do so;
- acknowledge and understand that if I believe any information requested herein is not reasonably required or relevant to my application, I do not have to provide it; and
- acknowledge and understand that Marsh make no representation or assurance that financial hardship assistance will be granted.

Signature of Applicant	
Date	
Printed name	

Privacy: By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (<https://www.marshadvantage.com.au/privacy-policy.html>) or on request and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information related to your application for assistance in accordance with those terms, including to the persons and authorised third parties identified. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.

SUBMIT FORM