

Financial Hardship Support Application Form

Section 1: Pers	sonal Information ————————————————————————————————————
Policyholder's Full	Name:
Contact Number:	Policy Number:
Email Address:	
Residential Addres	ss:
Postal Address:	(if different from residential address)
Section 2: Fin	ancial Hardship Details
	the reason(s) for your financial hardship and the impact it has had on your ability ductible obligations (or money owed, detail of debt):
	f any changes in your financial circumstances that have contributed to your current hardship ployment, medical expenses, natural disaster):
Please provide a Income:	n estimate of your current income and expenses:
Source 1:	(\$) Per Month
Source 2:	(\$) Per Month

Expenses:	
Rent/Mortgage:	(\$) Per Month
Jtilities:	(\$) Per Month
oan Repayments:	(\$) Per Month
Food and Groceries:	(\$) Per Month
Medical Expenses:	(\$) Per Month
Other:	(\$) Per Month
Are you currently receiving any government assistance or suppor	rt? If yes, please provide details:
Section 3: Financial Hardship Support Request Specify the financial hardship support you are seeking (e.g., exter	nded payment plan, deductible waiver):
Briefly explain how the requested financial hardship support woul	d assist you in managing your
nsurance obligations:	-

Section 4: Supporting Documentation —

Please attach copies of the following documents to support your financial hardship application:

- Recent evidence of salary, or proof of income (e.g., Centrelink statement)
- Bank statements for the past three months
- Evidence of any significant changes in your financial circumstances (e.g., redundancy letter, medical bills, disaster declaration)

	,, declare that the information provided this Financial Hardship Support Application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application.		
	Signature	Date	
n 6: Conse	ent and Communication ————		
I hereby au		o contact me regarding my financial hardship contact information provided above.	
hereby au	uthorise PassportCard Australia Pty Ltd to		

Please submit this completed form along with the supporting documents to PassportCard Australia Pty Ltd via mail or email. Our contact details for submission are as follows:

PasportCard Australia Pty Ltd

Address: Level 11, 5 Blue Street, North Sydney 2060 Email: customersupport@passportcard.com.au

Phone: 1300 123 413

Section 5: Declaration -

Information about your application for Financial Hardship Support

We will review your application, should we need more information we will contact you and let you know what information we need as early as possible. You will have 21 days from the date we request the information to provide the requested information to us. Please note any recovery action will be on hold whilst the application for Financial Hardship is being assessed. We will let you know within 21 days of the application our decision unless we have asked for more information. If more information has been requested, we will provide a decision within 21 days of receiving the additional information. Should the additional requested information not be provided within the 21 days, then we will tell you in writing within 7 calendar days of our decision.

Should we decide you are entitled to support, we will work with you to implement an arrangement that may include:

- Delayed payment date
- Instalment payments
- Reduced lump sum amount
- Deducting excess from claim
- Waiving cancellation fees

Should we not be able to reach agreement with you as to how support should be implemented, we will advise you of our complaints process.

Should you need more information or support, the National Debt Helpline may be able to assist: 1800 007 007.