

ARAG Financial Hardship

Application Form



Complete the form below and send it to contact@arag.com.au. If you have any questions or queries regarding how to fill out the form, or the application process, please contact our team on 02 8066 0162 (office hours Monday to Friday, 8.30am to 5.30pm AET).

Claim Number:

Applicant Details

1. Applicant 1
Your full name

Applicant 2
Your full name

Address

Telephone Number

Email

Dependents Name	Age
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Hardship Details

2. Circumstances of Hardship
Please explain the reason for your application.

Nature of Assistance

3. What assistance would you like us to consider?

Please explain the reason for your application

- Extension of due date for payment. If so, when will you be able to make payment
- Paying in instalment. 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.

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