

REQUEST FOR HARDSHIP

Date of _____

Policyholder's Name _____ Policy # _____

Address _____

City, State, Zip _____

Hardship Amount Requested _____

Basis for Hardship Request

- _____ Substantial incurred medical expenses not covered by medical insurance.
 - Outstanding medical bills after insurance portion is paid.

- _____ Imminent removal from a hospital, nursing home or other medical facility due to inability to pay.
 - Collection notices from medical facility.

- _____ Terminal illness or permanent disability.
 - Documentation of illness or disability.

- _____ Immediate need for college tuition payments for a dependant child of the claimant.
 - Tuition bills showing amount and date due.

- _____ Funds required to meet personal residence mortgage obligation up to a maximum of \$50,000 based on need.
 - Sales agreement if purchasing a home.
 - Outstanding delinquent notice from a financial institution.

- _____ Financial difficulties resulting in the inability to pay for essential life support needs such as food and shelter.
 - Outstanding and delinquent bills, etc.

- _____ Such other like facts or circumstances that the Rehabilitator determines create extreme hardship.

Please attach copies (not originals) of supporting documentation of hardship such as statements from physicians regarding terminal illness or disability, legal notices and other documentation concerning financial hardship. All hardship requests should be mailed to North Carolina Mutual Life Insurance Company in Rehabilitation, c/o North Carolina Department of Insurance, 1203 Mail Service Center, Raleigh, NC 27699-1203 or via email to NCMutual@ncdoi.gov.