

*This entire Application, including the Financial Affidavit (except where such Financial Affidavit is not required), must be fully completed in order to be evaluated.*

**INSTUCTIONS AND EXPLANATION FOR HARDSHIP DISTRIBUTIONS**

The procedures described herein have been established by the Commissioner of Banking and Insurance of the State of New Jersey to protect the individual policyholders and claimants of the Eagle Insurance Company and its subsidiaries (Newark Insurance Company, GSA Insurance Company and National Consumer Insurance Company) in Rehabilitation (hereinafter Eagle Insurance Company and its subsidiaries shall be collectively referred to as "Eagle Insurance Group"). These procedures and guidelines are essential to ensure that all applicants are treated uniformly and fairly during the time that Eagle Insurance Group is in Rehabilitation. Our objective is to ensure that the assets of Eagle Insurance Group are preserved to the greatest extent possible to protect all policyholders and claimants.

A circumstance of extreme hardship justifying a hardship distribution shall be found to exist only when one or more of the following facts and circumstances has been established to the satisfaction of the Commissioner by sworn statement supported by adequate documentation provided by the policyholder, claimant or his or her duly-authorized representative and there is an approved claim, settlement or judgment. All hardship distributions will be limited to a lifetime maximum of **\$10,000** per policyholder or claimant. NOTE: Further limitations on distributions are indicated below.

Under the terms outlined above, the undersigned hereby applies for a hardship distribution. All amounts paid under this application will be deducted from future amounts payable to the applicant when applicable. This entire application is made to satisfy an **immediate and pressing financial need** arising from one or more circumstances checked below which represent a **legal obligation of the applicant**, and which cannot be met by other reasonable available resources.

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Employer \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Policy/Claim No. \_\_\_\_\_  
 Business Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**AMOUNT OF HARDSHIP DISTRIBUTION REQUEST (\$10,000 maximum).....\$ \_\_\_\_\_**

The entire application is being made to satisfy an immediate and pressing financial need arising from one or more of the circumstances checked below which represents a legal obligation of the applicant and which cannot be met by other reasonable available resources. The Applicant certifies that he or she:

- Is unable to pay for essential shelter. (Provide copies of any eviction or foreclosure notice).
- Is unable to pay for essential and necessary medical treatment (such as surgery, prescription medication, therapy, etc.) that is not covered by any health, automobile or other insurance coverage, including, but not limited to, self, spouse/domestic partner, dependents, homeowners, commercial or other automobile. (Provide copies of all medical bills, indicating insurance coverage, and denials by all insurance companies).
- Faces imminent removal from a hospital, nursing home or other medical care facility or imminent cessation of home health or custodial care because of inability to pay. (Provide copies of all medical bills, indicating insurance coverage, and denials by all insurance companies and supporting statement from the medical care facility or care provider).
- Cannot pay the funeral expenses of spouse/domestic partner or dependent. (Copy of unpaid funeral bill required.)
- Due to total disability, is unable to meet current financial obligations. (Provide a Physician's Statement as to the total disability and a copy of the Social Security Disability Award, if available.)
- Is suffering from a terminal illness resulting in a severely limited life expectancy. (Provide a Physician's Statement certifying the terminal illness and remaining life expectancy.) **NO FINANCIAL AFFIDAVIT IS REQUIRED.**
- Is unable to pay any federal, state or local authorities any tax or fine such that such authority has issued a Notice of Intent to Levy. (Provide copies of such notice.)
- Is experiencing some emergency or some other serious situation of an unusual nature which the Commissioner may deem appropriate based on materials attached hereto. (Explain your situation on a separate sheet of paper and attach all supporting documents).

**THE COMPANY RESERVES THE RIGHT TO MAKE PAYMENTS DIRECTLY TO THE CREDITOR.**

**EAGLE INSURANCE GROUP  
FINANCIAL AFFIDAVIT FOR HARDSHIP**

Under penalties of perjury, I certify that the following statement of household income, assets and liabilities is true:

Occupation \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Employer Name \_\_\_\_\_ Telephone No. ( \_\_\_\_ ) \_\_\_\_\_

Employer Address \_\_\_\_\_

Spouse's/Partner's Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone No. ( \_\_\_\_ ) \_\_\_\_\_

**Item 1: MONTHLY HOUSEHOLD INCOME**

Average GROSS Monthly Household Wages (Provide copies of 2 current consecutive pay statements).\$ \_\_\_\_\_

Less Deductions

Federal Income Tax.....\$ \_\_\_\_\_

Social Security.....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

Total Deductions.....\$ \_\_\_\_\_

Average NET Monthly Household Wages.....\$ \_\_\_\_\_

State Unemployment Benefits (Provide copy of 1 unemployment statement).....\$ \_\_\_\_\_

Annuity, Pension, Disability, or Retirement Income (Provide copy of statement).....\$ \_\_\_\_\_

Other Income (such as interest and dividends) (Please describe below)

.....\$ \_\_\_\_\_

.....\$ \_\_\_\_\_

.....\$ \_\_\_\_\_

**TOTAL NET MONTHLY HOUSEHOLD INCOME.....\$ \_\_\_\_\_**

**Item 2: MONTHLY HOUSEHOLD EXPENSES**

Mortgage/Rent Payment .....\$ \_\_\_\_\_

Automobile Payment.....\$ \_\_\_\_\_

Food.....\$ \_\_\_\_\_

Clothing.....\$ \_\_\_\_\_

Incidentals.....\$ \_\_\_\_\_

Medical and Dental .....\$ \_\_\_\_\_

Transportation.....\$ \_\_\_\_\_

Utilities .....\$ \_\_\_\_\_

Other Expenses (Please describe below)

.....\$ \_\_\_\_\_

.....\$ \_\_\_\_\_

.....\$ \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD EXPENSES.....\$ \_\_\_\_\_**

**Item 3: ASSETS**

Cash on hand or in banks .....	\$ _____
Stocks, Bonds, Notes.....	\$ _____
Real Estate .....	\$ _____
Home .....	\$ _____
Other.....	\$ _____
Automobiles .....	\$ _____
Life Insurance/Annuity Contracts (Total Cash Value) .....	\$ _____
Other Personal Property .....	\$ _____
Other Assets (Please describe below) .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
<b>TOTAL ASSETS .....</b>	<b>\$ _____</b>

**Item 4: LIABILITIES**

Real Estate Mortgages .....	\$ _____
Automobile Loans .....	\$ _____
Other Notes and Loans.....	\$ _____
Other Liabilities (Please describe below) .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
_____ .....	\$ _____
<b>TOTAL LIABILITIES .....</b>	<b>\$ _____</b>

**PLEASE NOTE THAT "HOUSEHOLD" INCLUDES SPOUSE/DOMESTIC PARTNER OR OTHER RELATIVE WHO IS 18 YEARS OLD OR OLDER RESIDING AT THE SAME ADDRESS AS THE APPLICANT.**

**NOTE: Please provide copies of your last tax return filed with IRS, most current bank statements, mortgage stubs, loan stub, pay stubs and any all other financial information that will assist us to expedite the process.**

I understand that this Application can be approved only if the immediate and pressing financial need which occasioned the application cannot be relieved by other financial resources that are reasonably available to me. **Further, I understand that the amount distributed cannot exceed the amount required to relieve the financial need and that I may receive a smaller amount than requested.**

Therefore, in support of this Application and the representations made herein, I submit the attached documentation (such as copies of actual invoices, pictures, detail explanations, etc.) as proof of the purpose and amount requested, and I hereby certify the financial need that occasioned the application cannot be relieved:

1. Through reimbursement or compensation by insurance or otherwise;
2. By borrowing from any commercial institution (such as a bank, credit union, saving and loan, etc.) on reasonable terms or from any familial sources, or through other available resources of my spouse/domestic partner, children, parents or other relatives;
3. By reasonable liquidation of my assets, to the extent such liquidation would not itself cause an immediate and pressing financial need;
4. By cessation of salary reduction contributions to any type savings or retirement plans (such as 401K, IRA, Tax Shelter Annuity, 457, purchasing of savings bonds, etc.);
5. By any other available distributions or loans from any source (such as savings or retirement plans maintained by my employer or the employer of my spouse/domestic partner or other relative, IRA, life insurance policies, annuities, etc.); or
6. By any other person, whether a member of your household or not (such as a spouse/domestic partner, relative, employer, other insurance company, charitable organization, etc.) obligated by law, contract or otherwise, to

pay, either directly or as a guarantor, any portion of the expenses listed above or any of the expenses upon which the hardship application is based.

I also acknowledge my understanding that for purposes of this certification, my resources include those of my spouse/domestic partner and other family members that are reasonably available to me.

I hereby authorize Eagle Insurance Group or its designee to investigate the accuracy of any and all information provided in support of this Application. This Application or a facsimile thereof will serve to authorize any financial institution, medical care facility, health care provider, or any other person or entity to release financial and other information to Eagle Insurance Group or its duly authorized representatives. Eagle Insurance Group reserves the right to request additional financial documentation supporting the financial representations made on this form.

Under penalties of perjury, I certify that the statements and information presented in this Application and any supporting documentation included therewith have been examined by me and, to the best of my knowledge and belief, are true, correct and complete. I understand that if any statement made by me or information presented herein is willfully false, I am subject to punishment.

\_\_\_\_\_  
Applicant's Name (Please Type or Print Clearly)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return this Application to: EAGLE INSURANCE GROUP IN REHABILITATION  
Attention: Roshanak Fekrat, CPA, CFE, CIA  
999 Stewart Avenue  
Bethpage, NY 11714