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TRIP CANCELLATION OR TRIP INTERRUPTION CLAIM FORM

Instructions: (Failure to supply complete information may delay your claim process!)

- 1. Complete all information requested below.
2. Attach a copy of your credit card statement or cancelled check showing your payment for the trip.
3. Attach a copy of your credit card statement or photocopy of any check that shows the amount of refund that you received by canceling your trip.
4. Attach all unused tickets or vouchers that you received for which you are claiming a loss.
5. Attach a legible copy of all published cancellation penalties that pertain to your trip.
6. If cancellation or interruption is due to an illness or injury, please complete and have your attending physician complete the Certification of Medical History. You must have the patient sign the Patient Authorization part of the Certificate.
7. If the claim is due to a death to a family member or travel companion, please attach copies of the death certificate, coroner's report, police report and/or obituary notice.
8. If claim is due to an illness, injury or death of a non-traveling family member, attach proof of family relationship (birth certificate, marriage certificate, etc.). Also have the treating medical professional complete family member Certificate of Medical History.
9. If claim is due to termination of employment, please submit documentation from your employer containing your dates of hire and termination.

Information about You and Your Claim

Name of Insured person and all persons traveling with you covered under this policy:

- 1) _____ Date of Birth: ___/___/___
2) _____ Date of Birth: ___/___/___
3) _____ Date of Birth: ___/___/___
4) _____ Date of Birth: ___/___/___

Present Address: _____

City, State, and Zip: _____

Home Telephone: _____ Work Telephone: _____

Name and telephone of Travel Agency from whom you purchased your trip: _____

Your Scheduled Departure Date: _____ Your Scheduled Return Date: _____

Your Travel Insurance Certificate #: _____ (This is on your travel insurance receipt)

What caused your cancellation or interruption? _____

Date of Accident/Illness or Incident that caused cancellation/interruption: ____/____/____

How much did you pay for your trip? \$_____

How much did you pay for travel insurance? \$_____

What date did you call the travel supplier and cancel your trip? ____/____/____

If cancellation/interruption is due to an illness, injury or death, please indicate the date you were first aware of this? ____/____/____

Did you receive any refund? No ___ Yes ___ If Yes, Amount of refund: \$_____

If YES, please attach a copy of check(s) or credit card statement(s) showing refund amount. (See #3 above)
If NO, please provide us with documentation that shows you are not eligible for a refund. (See #5 above)

How much of your trip payment did you not receive a refund for? \$_____

If your trip was interrupted, on what date did the interruption occur? _____

If an interruption, what did you lose as a result of the interruption? _____

I/We attest that all the information submitted is true and accurate to the best of our knowledge. Furthermore, I/We agree that this insurance shall be void if, whether before or after the loss/incident, any person has concealed or misrepresented any fact or circumstance concerning this claim. The signatures of all parties that are party to this claim appear below

(Signature of Claimant)

(Date: mm/dd/yyyy)

(Signature of Claimant)

(Date: mm/dd/yyyy)

WORKSHEET

Trip Cancellation/Interruption Worksheet

1. Total Amount of Trip Cost: \$ _____
2. Add Agency Cancellation Fee: + _____
(if applicable)
3. Less: Amount Refunded: - _____
4. Total Out-of-Pocket Loss: \$ _____
5. Number of Days Interrupted: _____
(if applicable)

Please remember the maximum benefit for cancellation/interruption is the amount of trip cost insured as confirmed on your travel protection confirmation.

Additional Comments (if any):

Please mail your completed, signed form back to the claims administrator along with all of your documentation. The documentation is your proof of loss and is required in order to finalize your claim.