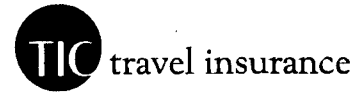


Refund Request Form



PLEASE COMPLETE IN FULL AND ATTACH REQUIRED DOCUMENTS*

AGENCY NAME _____ TIC AGENCY CODE _____
(Agents Only) (Agents Only)

Insured(s) Name(s) _____ Confirmation of Coverage # _____

PRIOR TO DEPARTURE – Flat Refund – \$10 Fee

AFTER DEPARTURE – Partial Refund – \$25 Fee

ALL REFUNDS:

There can be no refund if there is a claim on the policy **EXCEPT** in the case of provincial health coverage coming into effect. Premium for all coverages except Trip Cancellation & Package Insurance will be refunded under the following circumstances:

- a) The entire trip is cancelled.
- b) The insured returns to his/her province or territory of residence 15 days prior to the expiry date of the policy.
- c) The insured under Visitors to Canada insurance returns to his/her country of origin 15 days prior to the expiry date of the policy.
- d) The Emergency Hospital & Medical – Visitors to Canada policy holder is covered under a provincial or territorial hospital/medical plan. Refund will be effective from date of provincial/territorial healthcare enrollment.

Trip Cancellation and All-inclusive Package Plans will be refunded and **pro-rated** according to the period of time on risk from the date of application when:

- a) Supplier cancels the entire tour, flight etc. and all penalties are waived
- b) Supplier changes the travel dates, and the insured is unable to travel on those dates, and all penalties are waived
- c) Insured cancels the trip before any penalties come into effect

A Refund Request Advice will be forwarded to your agency advising you of the amount you should refund to your client. If a policy was paid by credit card the amount will be reversed on the same card. You will be advised of this amount. **Do not refund your client without this advice.**

Agent's Signature _____

Agent's Name (print) _____

*** REQUIRED DOCUMENTS:**

- Copy of Confirmation of Coverage
- Confirmation of clients return or departure (eg. copy of boarding pass or itinerary)
- Copy of confirmation letter from applicable provincial/territorial health care plan.

CLAIM WAIVER (to be signed by insured)

I/We declare that I/we have not made a claim, nor will I/we make any claim against Confirmation of Coverage # _____

In consideration of a refund, which I/we understand is subject to a cancellation fee, I/we hereby surrender all rights and privileges that

I/we may have pertaining to the above cited Confirmation of Coverage, effective (MM/DD/YYYY) _____

Signature of Insured: _____ Signature of Insured: _____

Signed in: (city) _____ (prov.) _____ Date (MM/DD/YYYY) _____

At offices of: _____

Notes: _____