



TRAVELANCE
YOUR PEACE OF MIND, OUR PROMISE

Refund Request Form Visitors to Canada Emergency Medical Insurance

Section A: Policy Details

Policy Number(s): _____ Number of Insured Persons on the Policy: _____
Agent/Agency Name (*enter Travelance if purchased online*): _____ Agency Code: _____
[] 'Check' this box if the refund request is for all insured(s) named on this policy. If not, declare the names of the insured person(s) requesting a refund: _____

Section B: Reason for Refund (*select one and provide supporting evidence, as required*)

- [] 1. Cancel the Policy or remove an insured from the policy due to denial of a travel visa
- Provide a copy of the visa denial letter
- [] 2. Cancel the Policy before the Expiry Date and return to Home Country or become eligible for benefits under a government health insurance plan (GHIP)
- Submit a copy of the flight itinerary or confirmation of government medical coverage.
 - A \$50 administration fee will be deducted from the premium refund. Fee Waived if you have already bought a new policy for your next trip. Print new policy number(s): _____
- [] 3. Cancel the Policy before leaving Home Country
- Provide evidence that the trip was cancelled before departing from Home Country
 - A \$250 administration fee will be deducted from the premium refund
- [] 4. Cancel the Policy and remain in Canada
- A \$250 administration fee will be deducted from the premium refund

Section C: Refund Information (*refunds due will be paid via the original method of payment*)

If the original method of payment was credit card, then the refund will be issued on the same card.
If the policy was purchased by cheque, please provide:

- Refund Payable to (Name): _____
- Mailing Address: _____
(Street Address) (City) (Province) (Postal Code)

Section D: Consent

I _____ (person requesting the refund) am the [] Insured/Purchaser or [] Agent/Representative of the policy and hereby request the cancellation of the above policy from (dd-mmm-yyyy): __ / ___ / _____. If I am the Agent/Representative of the policy, I confirm the insured(s) has/have requested I submit this refund on his/her/their behalf.

I hereby declare and agree that no claim has been or will be submitted under the above noted policy. By typing my name below, I certify that the information contained in this document is complete, accurate and factual.

Your Name: _____ Date: (dd-mmm-yyyy) __ / ___ / ____

Note: To begin the refund request process, this completed form, along with the required supporting documents, must be submitted. We may request more documentation if the underwriter or Travelance are not satisfied with the submitted documents.

Note: If a claim is received after a request for premium refund has been processed, you will be financially responsible for paying the claim.

Note: All persons entering Canada under any visa program must maintain the medical insurance requirements as per the Citizenship and Immigration Canada (CIC). Neither Travelance nor our underwriter would be liable if you voluntarily cancel the insurance policy and not fulfill the requirements.

Email the completed document to policyadmin@travelance.ca or fax to 1-888-882-3004 Attention to Policy Admin.