



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) _____ Agent Code _____

2) Check this box if the refund request is for all insureds named on this policy. If not, include the names of the insured persons requesting a refund _____

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

- 2) 1. Cancel the Policy or remove an insured from the policy due to death of a beneficiary
- Provide a copy of the death certificate
- 2) 2. Cancel the Policy before the Expiry Date and return to their Country of Origin (eligible for benefits under a government health insurance plan (GHI))
- Submit a copy of the flight itinerary or confirmation of government medical coverage.
 - A \$100 administration fee will be deducted from the premium refund. Fee Waived if you have already bought a new policy for yourself or a dependent (date new policy purchased) _____
- 2) 3. Cancel the Policy before leaving Home Country
- Provide evidence that the trip was cancelled before departing from Home Country
 - A \$100 administration fee will be deducted from the premium refund
- 2) 4. Cancel the Policy and reside in Canada
- A \$100 administration fee will be deducted from the premium refund

Section C: Refund Information (select one and fill in the appropriate information)

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) via the () Insured (Mr/Ms/Ms) () Agent/Representative of the policy and hereby request the reimbursement of the above policy from (00-0000-0000) ___ / ___ / _____. If I am the Agent/Representative of the policy, I confirm the Insuring Part/Person requesting treatment. This refund is My/Their/Our Refund.

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

Your Name _____ Date (00-0000-0000) ___ / ___ / ____

Note: To request a refund upon arrival, this completed form, along with the required supporting documents, must be submitted to the appropriate Representative of the Insurer in Toronto on or after the arrival date.

Note: You have 30 calendar days from the arrival date to request a refund. You will be responsible for paying the claim.

Note: An online refund Canada only insurance may require the use of insurance equipment as per the Operations and Management Manual (OMM) under "Insurance for an immediate health claim" if the insureds cannot be reached online and are not within requirements.

Send the completed document to publicinfo@travelance.ca or Fax to 1-888-882-3004 Attention to Policy Admin.