

# Refund Request Form



## Visitors to Canada Emergency Medical Insurance

**TRAVELANCE**  
YOUR PEACE OF MIND, OUR PROMISE

### 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 to return to the home country or become insured under a Canadian federal, provincial or territorial health/medical plan
- Submit a copy of the flight itinerary or confirmation of government medical coverage
  - A \$50 administration fee will be deducted from the premium refund. The fee is waived if you have already bought a new policy for your next trip. 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 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 credit 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, submit this completed form, along with the required supporting documents (listed above) to [info@travelance.ca](mailto:info@travelance.ca). We may request more documentation if the underwriter or Travelance are not satisfied with the submitted documents. If a claim is received after a request for premium refund has been processed, the insured(s) is financially responsible for the claim. All persons entering Canada under a visa program must maintain the medical insurance requirements as per the Canadian government. If the insured(s) voluntarily cancels the insurance policy and does not fulfill the requirements, neither Travelance nor our underwriter will be held liable.

Email the completed Refund Request Form and supporting documents to [info@travelance.ca](mailto:info@travelance.ca) or fax to 1-888-882-3004  
Attention to Support Services.

[www.travelance.ca](http://www.travelance.ca) | [info@travelance.ca](mailto:info@travelance.ca) | 1-855-566-8555

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