Refund Application

In order to process your client's refund correctly, please complete the entire form. Refund requests received with incomplete information will not be processed.

TuGo° Travel Insurance

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REFUND APPLICATION PROCEDURES

REFUND APPLICATION FORM

- All requests for refund must be submitted to TuGo using this Refund Application form. Please photocopy a supply for your office.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- If you have determined that a refund is available, please complete the Refund Application (below). TuGo cannot determine if a refund is available until all applicable documents are reviewed.
- Supporting documentation from the Insured will be required for each refund. Refer to the Refund Application (below) for details.
- When TuGo has determined if a refund is available, a letter will be sent to your office providing instructions for refunding the Insured.
- Refunds may be subject to an administration fee.

Policy Details					
•	g Refund:				
Policy Number:	licy Number: Date Of Re		DD MM	DD MM YYYY	
Name(s) of Insured(s) Requ	esting Refund		Full Refund	Partial Refund	
			0	0	
			0	0	
			0	0	
Partial Refunds for Early Return			For Agent Use Only		
Departure Date:DD MM YYYY Early Return Date:DD MM YYYYY		YYYY	Agent Code:		
Refunds - Multi Trip Annua	l Extensions				
Extension Start Date:DD	MM YYYY Early Return Date: DD	MM YYYY	ion End Date:	DD MM YYYY	
Reason for Refund					
Documentation Enclosed O Proof of date of return, for partial refunds only.* O Copy of Death Certificate, if applicable.		eligible for P copy of the lo	O Visitors to Canada/Students who have become eligible for Provincial Medical plan must include a copy of the letter from the provincial plan indicating the date coverage began.		
office requesting a refund and are	received or cannot be obtained, calculation of refund will unable to provide one of the documents as proof of retur in must be the same as the date document is signed by in	n, the amount of the refund will be			
Insured or representative o	f the Insured's Declaration				
I/We hereby declare and ag	ree that no claim has been or will be submitte	ed as of today's date.	TuGo	Office Use Only	
X		DD MM YYYY	Admin Fee:	onice osc only—	
SIGNATURE Insured	Date	· · · · · · · · · · · · · · · · · · ·	Authorized By	•	
X		DD MM YYYY	Date Processe		
SIGNATURE Representativ	ve of the Insured Date		Date Processe	;u.	



