



**To report a claim:**  
Return the required documentation detailed below, along with your original, signed, claim form to:

**Old Republic Insurance Company**  
4600 Witmer Industrial Estates,  
Suite 6  
Niagara Falls, NY 14305

You can download claim form(s) at: <http://www.tripinsurance.com/claims>

## Trip Cancellation Claims – Medical

### Trip Cancellation/Interruption – Medical Claim Form

This entire form is to be completed, signed, and dated by any insured submitting a claim for reimbursement. Incomplete forms will be returned to you for completion which may result in a delay in the processing of your claim.

#### Cancellation Terms and Conditions

- Brochure** A copy of the Tour Operator's cancellation terms and conditions explaining what happens in the event you have to cancel your trip, including cancellation penalties.
- Refund check or credit.** A copy of any amount refunded to you for your cancelled trip from any source.
- Original airline tickets if non-refundable** We require the original airline tickets if they are non-refundable. If you were issued e-tickets, we need the e-ticket passenger receipt. If you booked the flight over the Internet, we need the printed ticket confirmation sheet with your ticket numbers.
- Original hotel or cruise vouchers if non-refundable** We require any original vouchers you receive that are non- refundable through any other source.

#### Proof of Trip Payment

- Receipts** Send a credit card statement, cancelled check or cash receipt for each and every payment you made on this trip. If you do not have this documentation, contact your travel agent for an invoice that shows the dates and amount of all payments made.
- Trip invoice** A copy of the trip invoice showing a break down of the total trip costs (e.g. airfare, cruise/land costs, taxes, etc.).

#### Proof of the Reason for the Claim

- Doctor's statement** The doctor's statement (i.e. the Attending Physician's Statement section of your claim form) must include the specific diagnosis, date of diagnosis, date of treatment and date of advisement of cancellation.
- Medical authorization form** The "Patient Consent to Disclose Health Information" form is included in the packet we send you. We require the sick/injured party's signature to allow us to contact the doctor if we need any additional information to process your claim. If this form is not signed, we then need to contact the insured to get the information from the doctor and submit it to us, which could delay the processing of your claim.
- Death certificate** A copy of the death certificate that shows cause of death. In some circumstances, we may require additional information which we will request from the appropriate source.

Corporate Headquarters  
16933 Parthenia Street, Suite 200  
Northridge, CA 91343  
(800) 423-3632 Phone  
(888) 424-8731 Fax



National Sales Office  
1903 Gables Lane  
Vienna, VA 22182  
(800) 828-0297 Phone  
(888) 424-8731 Fax