

# Refund Request Form

Allianz 

Global Assistance

PLEASE COMPLETE IN FULL AND ATTACH REQUIRED DOCUMENTS\*

Insured(s) Name(s) \_\_\_\_\_

Policy Number \_\_\_\_\_

Prior to Departure     After Departure

## ALL REFUNDS:

There can be no refund if a claim has been made. Emergency Hospital & Medical Multi-trip Plans are not refundable after the effective date. Premium for all other coverages except Trip Cancellation & Interruption and All-inclusive Package Plans will be refunded under the following circumstances:

- a) For Single-trip Plans, the entire trip is cancelled prior to the effective date.
- b) The insured returns to his/her province or territory of residence prior to the expiry date of the policy.
- c) The insured under a Visitors to Canada or Inpatriates to Canada policy returns to his/her country of origin prior to the expiry date of the policy.
- d) A Visitors to Canada or Inpatriates to Canada policyholder is covered under a provincial or territorial hospital/medical plan. Refund will be effective from date of provincial/territorial plan enrollment.

Trip Cancellation & Interruption and All-inclusive Package Plans are refundable prior to the date of departure only when:

- a) you are unable to travel following cancellation of the insured trip by the travel supplier, provided all penalties are waived; or
- b) you are unable to travel following rescheduling of an insured trip by the travel supplier, provided all penalties are waived; or
- c) you cancel the trip before any penalties come into effect.

For package plans, there will be no refund of the premium if a claim has been made against any benefit included in the package.

Please refer to the policy booklet for minimum refund limitations.

**Refunds for any policy purchased by credit card more than six (6) months prior to the refund request date may be issued to the Insured by cheque. To ensure prompt processing, please complete the refund request form and confirm that the payee's name and mailing address are provided.**

## \* REQUIRED DOCUMENTS:

- Copy of Confirmation of Coverage
- Confirmation of client's return or departure (eg. copy of boarding pass or itinerary)
- Copy of confirmation letter from applicable provincial/ territorial health care plan.
- Any other documentation to support the refund request.

## CLAIM WAIVER (to be signed by insured)

I/We declare that I/we have not made a claim, nor will I/we make any claim against Policy Number \_\_\_\_\_ . In consideration of a refund, I/we hereby surrender all rights and privileges that I/we may have pertaining to the above cited Policy, effective MM/DD/YYYY .

Signature of Insured: \_\_\_\_\_

Signed in: (city) \_\_\_\_\_

(prov.) \_\_\_\_\_

Date: MM/DD/YYYY

Signature of Agent: \_\_\_\_\_

Agency code: \_\_\_\_\_

Email address: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refund request form can be scanned and emailed to Agency Services at [info@allianz-assistance.ca](mailto:info@allianz-assistance.ca) or by Toll-free fax at 1-866-694-8032.