

**Section A – Identification**

**Employer**

1. Employer's Name \_\_\_\_\_ Group N° \_\_\_\_\_ Certificate N° \_\_\_\_\_

**Employee**

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

3. Flight ticket or package purchased date [ Y , Y , Y , Y | M , M | D , D ]

4. Date the cancellation was requested [ Y , Y , Y , Y | M , M | D , D ]

5. Ticket or trip cost \$ \_\_\_\_\_ **Please join a copy of your payment (i.e.: check, credit card account statement, money order...)**

6. Please explain the reason for your cancellation \_\_\_\_\_

**Section B – In the event of death**

1. First name of the deceased \_\_\_\_\_ Last Name \_\_\_\_\_

2. Family relationship with the deceased \_\_\_\_\_ **Please attach a copy of the death certificate**

3. Date of death [ Y , Y , Y , Y | M , M | D , D ]

4. Cause of death \_\_\_\_\_

5. Date of hospitalization if applicable: From [ Y , Y , Y , Y | M , M | D , D ] to [ Y , Y , Y , Y | M , M | D , D ]

**Section C – In the event of illness or accident**

1. First name of the sick person \_\_\_\_\_ Last Name \_\_\_\_\_

2. Family relationship with the sick or injured person \_\_\_\_\_

3. Date the illness first started [ Y , Y , Y , Y | M , M | D , D ]

Nature of the illness \_\_\_\_\_

4. Date the accident occurred [ Y , Y , Y , Y | M , M | D , D ]

Nature of the accident \_\_\_\_\_

**Treating physician in Quebec or other province**

5. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Medical clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

**Treating physician at the location where the medical care was given**

6. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Medical clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

**Section D – Reimbursement obtained through the CFCTA (for Quebec residents only)**

1. Have you purchased your trip through a travel agency that holds a license from the Consumer Protection Office?  Yes  No

2. Have you made a reimbursement claim through the Compensation Fund for Customers of Travel Agents (CFCTA)?  Yes  No

**If yes**, on what date? [ Y , Y , Y , Y | M , M | D , D ]

3. How much did you receive? \$ \_\_\_\_\_ **Please join a copy of the document accompanying the reimbursement (credit voucher)**

**Section E – Reimbursement obtained through a service provider**

1. Have you made a reimbursement claim to your travel agency, an air carrier or to any other service provider for the refundable portion of the trip?  
 Yes  No **If yes**, on what date? [ Y , Y , Y , Y | M , M | D , D ]

2. What type of reimbursement did you receive?  Cash  Credit voucher

3. How much did you receive? \$ \_\_\_\_\_ **Please join a copy of the document accompanying the reimbursement (credit voucher)**

## Section F – Other insurances

1. Do you have another enforce travel insurance?  Yes  No **If yes**, please specify:

Coverage type	Yes	No	Insurer's Name	Contract N°
Individual coverage	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Group coverage	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## Section G – Autorisation

I hereby authorize UV Insurance to obtain information on my health condition, including diagnostic, medical history and test results while I am being under observation or receiving medical care. I authorize UV Insurance to share this information with third parties who will need it to determine what benefits might be payable.

I hereby hand over all my third parties benefits to UV Insurance for claims covered under this subscribed insurance contract. I also ask those third parties to pay directly UV Insurance for all payable amounts under any claim made for these losses.

I certify that the information provided in this document is accurate and complete.

| Y | Y | Y | Y | M | M | D | D |    **X** \_\_\_\_\_  
Employee's signature

**A photocopy of this authorization shall be as valid as the original.**

### Instructions

Before sending a reimbursement claim, make sure you have followed those steps:

- ▶ First, you need to contact your service provider (i.e. air carrier, cruise line, travel agency...) to verify if your trip can be postponed, cancelled or if a voucher can be awarded to you.
- ▶ If your trip was purchased with a credit card providing a trip cancellation and/or interruption coverage, you must submit your reimbursement claim to that company before you contact us.

### Eligible expenses

To be eligible, the trip cancellation or interruption expenses need to meet those conditions:

1. They are paid in advance by the insured while this benefit is in force;
2. At the time to finalize the arrangements for travel, the insured is not aware of the event that could reasonably lead to the cancellation or interruption of the planned trip;
3. The present benefit is in force at the time of the planned trip period.

### Required documents

You'll find below the list of all required documents we need to review your claim. We can't start processing your claim until we have received all the required documents.

- ▶ A filled and signed copy of this form.
- ▶ Original bills/receipts for all expenses mentioned in your reimbursement claim. Receipts must include the official contract issued through a travel agent or an accredited business in which the non-refundable amounts in the event of a cancellation are clearly stated.
- ▶ Proof of payment (i.e. check, credit card statement, money order...)
- ▶ Written proof of your trip or flight tickets cancellation request made to each service provider (travel agency, tour operators, air carrier). Each service provider answer must also be sent to the insurer.
- ▶ Reimbursement proof (credit voucher) from your travel agency, your credit card and/or your service provider for the refundable portion of the trip.
- ▶ Coordination of benefits clauses for the trip cancellation coverage of your credit card if it includes a trip-cancellation insurance and if the trip was paid with your credit card.

Be advised that UV Insurance can ask for declarations from the insured or for any other report deemed necessary to justify the claim.

Also, it is mentioned in the contract that in the event of a cancellation before departure, the trip must be cancelled through the travel agency or the carrier within 48 hours, or if it is a holiday, the first business day following. The insurer must be advised at the same time.

**If you have any question, contact us at 1-800-567-0988 extension 2074**

**Please return the original copy at the following address: P.O. Box 696, Drummondville (Québec) J2B 6W9 or through the online portal at: <https://apps.uvmutuelle.ca/CollectifAdherents/>. Keep a copy for your records.**