

**INSURED INFORMATION** (please see ID card for info)

|  |       |           |         |
|--|-------|-----------|---------|
| Policy Number  |       | Member ID |         |
| Name   |       |           |         |
| Address  |       |           |         |
| City   | State | Zip Code  | Country |
| Email  |       | Phone     |         |
| Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Regular mail |       |           |         |

**TRAVEL SUPPLIER / AIRLINE PROVIDER INFORMATION**

If your trip arrangements were made through a Travel Agent – please provide the agent’s information, if not – then provide the information as related to the cruise line, land operator or airline as applicable:

|  |       |                                 |       |
|--|-------|---------------------------------|-------|
| Company Name   |       | Address                         |       |
| City   | State | Zip Code                        | Phone |
| Date Travel Plan was purchased                           |       | Date of initial payment deposit |       |
| Scheduled Date of Departure                              |       | Scheduled Date of Return        |       |
| If not included in package, how was air travel arranged? |       |                                 |       |

**REASON FOR INTERRUPTION**

|                           |
|---------------------------|
| Date Trip was interrupted |
| Reason for interruption   |

## LOSS INFORMATION

### Documentation Requirements

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

- Copies of cancelled checks or credit card statements that shows all payments made for the trip with an invoice from your Travel Provider showing the total cost paid for the trip.
- Airline Ticket Stub/Receipt  
**Note:** Copies of new airline tickets purchased due to interruption (if applicable) along with documentation of the cost incurred. Please forward the original airline tickets if applicable.
- Police Report (if applicable)
- Car Rental Agreement (if applicable)
- Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.
- Other (please describe):

### Amounts Claimed

| Name of Supplier            | Description | Amount Paid | Amount Refunded | Amount Claimed |
|-----------------------------|-------------|-------------|-----------------|----------------|
|                             |             | \$          | \$              | \$             |
|                             |             | \$          | \$              | \$             |
|                             |             | \$          | \$              | \$             |
|                             |             | \$          | \$              | \$             |
| <b>Total Amount Claimed</b> |             |             |                 | \$             |

### IF INTERRUPTION WAS DUE TO MEDICAL REASONS

|   |                                    |
|---|------------------------------------|
| Name of person having sickness or injury  |                                    |
| His / Her date of birth   | His / Her relationship to claimant |
| Date Sickness or Injury began   | Date ended                         |
| Nature of Sickness or Injury (If Injury, describe accident, including date and place) |                                    |
| Period of hospitalization (If applicable)   |                                    |

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION - TO BE COMPLETED BY INSURED**

I hereby authorize Surego Administrative Services, Crum and Forster or its representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data necessary to determine eligibility of benefits. I also authorize or its representative to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to any insurance support organization, fraud information clearinghouses, designated service providers and business associates assisting in the processing of this claim. A photo-static copy or facsimile of this authorization shall be deemed as effective and valid as the original. This authorization is valid for twelve (12) months from date of signature.

|                      |      |
|----------------------|------|
| Signature of Insured | Date |
|----------------------|------|

(Signature of Person Suffering Illness or Injury or legally authorized representative)

**OTHER INSURANCE / AUTHORIZATION**

|   |          |         |       |
|---|----------|---------|-------|
| Do you have any other type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |         |       |
| If so, please provide the Company Name and Address  |          |         |       |
| Type of Policy  | Policy # | Contact | Phone |

**REIMBURSEMENT AUTHORIZATION AND METHOD**

I hereby authorize Surego Administrative Services to mail any payments to the below listed address and to deposit any amounts owed me for reimbursement of medical expenses or services rendered by initiating credit entries to my account at the financial institution (hereby BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by Company to my account. In the event that Company erroneously deposits funds in my account (by way of example, I am not entitled to the funds or the amount of deposit is incorrect or such funds are deposited in the wrong account), I authorize Company to debit or credit my account in the amount necessary to correct the initial deposit, but in no case shall any debit exceed the amount of the initial deposit. I further agree Company is not responsible for any transaction fees charged and will release Surego Administrative Services of any liability in the event of lost or stolen payments. I authorize Surego Administrative Services to contact me using the email address I provided in this form to discuss and/or inform me of payment confirmation.

|                          |      |
|--------------------------|------|
| Account Holder Signature | Date |
|--------------------------|------|

**SELECT ONE FORM OF REIMBURSEMENT**

|  |                |   |
|--|----------------|---|
| <input type="checkbox"/> Send a check to address, as listed in CLAIMANT INFORMATION section. |                |   |
| <input type="checkbox"/> Send a check to other mailing address:                              | Street Address | City  |
|  | State          | Zip Code  |
| <input type="checkbox"/> Send by Electronic Direct Deposit (fill all fields):                | Bank Name      | Name on Account                                 |
|  | Account #/IBAN | Routing #/ABA # (for Electronic Direct Deposit) |

## **CLAIM FORM FRAUD STATEMENT - FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARIZONA** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ALASKA** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**CALIFORNIA** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**FLORIDA WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KANSAS** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

**KENTUCKY** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MARYLAND** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW MEXICO** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NEW YORK** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**PENNSYLVANIA** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**OHIO** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**TENNESSEE** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TEXAS** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Economic or Trade Sanctions:** Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this policy. For more information, You may consult the OFAC internet website at <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

**Electronic Communication:** 1. Consent to receive insurance related documents and communications, including but not limited to, your policy documents, disclosures, notices, explanation of benefits (EOB), claims documentation, as well as termination and cancellation or non-renewal notices, electronically to the email address you provide to us through the online application process instead of receiving these records in a paper format from us. 2. Agree and acknowledge that your consent is provided and/or obtained in connection with a transaction affecting interstate commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law. 3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent to receive documents via electronic means as provided below. Electronic document(s) are considered received by you at the time you complete your purchase, unless we receive notice that the email notification was not delivered to you at the email address you provided.

**Fraud Warning:** If the Covered Person or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards to amount or otherwise, then this Insurance shall become void and all claims here under shall be forfeited without refund of premium.

## **MAILING INSTRUCTIONS**

Attention: Surego Administrative Services on Behalf of Crum and Forster SPC  
PO Box 2069  
Fairhope AL, 36533

Email: [claims@mysurego.com](mailto:claims@mysurego.com)