

Trip Cancellation Claim Form



Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-855-762-6252 | **Fax:** 443-279-2901 | **Email:** claims@roamright.com

Trip Cancellation Claim Instructions

The Trip Cancellation Claim Form can be used to file claims for:

- Cancellation of an entire trip
- Single occupancy upgrade
- Postponed trip departure

Please complete and sign the Trip Cancellation Claim Form in full and return it with the specific documentation noted for your claim.

For all claims, submit:

- Copies of your travel documents including the cruise or tour brochure, flight itinerary or e-ticket showing the ticket numbers and dates of travel, hotel or other pre-paid expenses;
- Proof of payment of the claimed travel expenses - copies of both sides of checks, copies of credit card statements or receipts for cash payments;
- Copies of any refunds, adjustments or credits, provided by the tour operator, airline, or other travel provider;
- If you did not receive any refunds, adjustments or credits, provide a copy of the trip cancellation policy or a letter from the tour operator stating that no refunds, adjustments, or credits were available;
- Airfare cancellation confirmation directly from your airline
- For international flights, please request a refund from the airline and provide us with a copy of the refund payment or written denial;
- Proof of loss:
 - Illness or Injury - An Attending Physician's Statement fully completed by the patient's treating physician;
 - Death - A copy of the Death Certificate;
 - Other - Appropriate documentation showing the reason that you cancelled your trip.

If you are filing a claim under the **Optional Cancel for Any Reason Benefit**, submit a letter from your travel provider or other documentation showing the date you cancelled your trip.

If you are filing a claim under the **Optional Cancel for Work Reason Benefit**, submit a notarized letter on company letterhead from an officer of the company confirming:

- You or Your Traveling Companion were transferred requiring a relocation of your primary residence;
- You or Your Traveling Companion were required to work during the scheduled Trip;
- You or Your Traveling Companion's company's operations were interrupted by fire, flood, burglary, vandalism, product recall, Bankruptcy or financial Default.
- You or Your Traveling Companion was actively involved in a merger or acquisition.

Your claim should be submitted to the address at the top of these instructions.

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Section 1 - Information about Insured

To be completed by the Insured Claiming Benefits			
Name of Claimant / Insured	Policy No.	Phone No. ()	
Travel Supplier			
Insured's Address			
Email Address	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Traveling Companion(s)	Relationship	Trip Departure Date	Trip Return Date
_____	_____	Initial Trip Deposit Date	
_____	_____	Trip Cancellation Date	
_____	_____		
Do you have other travel or other insurance that may provide coverage for this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, has claim been submitted to the other company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name, Address & Phone No. of the other insurance company	Type of Claim		Reason for Cancellation
_____	___Trip Cancellation		___Illness ___Other
_____	___Occupancy Upgrade		___Injury
_____	___Postponement of Departure Date		Date Incident Occurred _____
_____			Date of Injury _____
Policy No.			Onset Date of Illness _____
Briefly explain the circumstances of your claim:			

If condition was the result of an accident, please provide a detailed explanation:			

Was a motor vehicle involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please list the name of the involved parties, their insurance carriers and policy numbers			

Was a police or accident report filed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, submit a copy of the police or accident report			

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Section 2 - Claimed Expenses

Enter the total of all claimed expenses in the table below. You will need to provide supporting documentation in order for the claim to be processed. See the Trip Cancellation Claim Instructions for required documents.

Claimed Expenses	
Category	Amount
Airfare Expenses**	\$ _____
Cruise Expense	\$ _____
Tour Expense	\$ _____
Local Transportation Expense	\$ _____
Hotel Expense	\$ _____
Occupancy Upgrade	\$ _____
Other	\$ _____
Total Expenses	\$ _____
Refunds/Credits Received	\$ _____
Claimed Expenses	\$ _____

** If you are claiming an amount for unused airfare, do you intend on using the tickets within one year of the issue date?
Yes No

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Claimant

Date

Authorization to Disclose Information

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Arch insurance Company, or it's authorized representative. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past.

To any insurance company, any travel organization or agency, airline carrier, cruise line, your operator, rental agency, hotel, motel, or similar entity providing lodging on a rental / lease basis or any other person who may have knowledge regarding this claim: I authorize the release any information requested regarding this claim and the loss reported.

The company will use this information to determine if any claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigation or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization.

I certify that the information given by me in support of my claim is true and correct. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution or insurance fraud.

Patient's or Authorized Representative's Signature

Date

If Authorized Representative, Relationship to Patient

or Legal Designation

Attending Physician Statement Trip Cancellation Claim Form



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To be completed by Physician Rendering Treatment

Name of Claimant / Insured		Name of Patient		Policy No.
Address				
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	Trip Departure Date	Diagnosis/ICD-9 Code
What is the exact date that the symptoms first appeared?			When did the patient first consult you for this condition?	
List all dates of treatment				
Did you advise patient to cancel or interrupt the trip due to the patient's medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, Please explain.				
When did you advise the patient to cancel or interrupt their trip?			Has patient ever had this condition before? If so, when?	
Is this condition an exacerbation or a complication of an existing condition? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what was that condition?				
When was the patient treated for that condition?			List all dates of prior treatment	
Name of the physician who treated that underlying or original condition			Was the patient referred to you by another physician? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Referring Physician			Phone No.	
Was the Patient Hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>			Was this an emergency room admission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Hospital		Date Admitted	Date Discharged	

Please note: All of the above requested information is necessary for the processing of the Claimant/Insured's claim. Any omitted items will delay processing. Please attach copies of the patient's office records for the 6 months prior to the date that you advised the patient to cancel or to interrupt their trip.

Physician Rendering Treatment Information and Signature

Physician's Name	Physician's License No.	
Physician's Speciality	Phone No. ()	Fax No. ()

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I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Physician

Date

State Notices

The laws of some states require us to furnish you with the following notices:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
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.
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.
Arkansas	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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	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.

Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
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.
Louisiana	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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
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.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
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 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 CIVIL FINES AND CRIMINAL PENALTIES.
New York	<p>Auto claims: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p>All others: 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.</p>

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	WARNING: 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.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	Motor vehicles: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. All others: 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.
Rhode Island	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.
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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Utah	Workers' Compensation Claims Only: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	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.
Washington	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.

West Virginia 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.

Puerto Rico Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
