UV INSURANCE

GROUP INSURANCE

Claim Request - Trip Cancellation or Interruption Coverage

Important: Fill out in block letters and answer each section as accurately as possible.

Section A – Collection, Use and Disclosure of Personal Information

The personal information collected through this form allows UV Insurance to process claims and requests for the coverage of trip cancellation or interruption claims.

The personal information collected is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud

The information disclosed on this form will be forwarded to the UV Insurance staff responsible for processing the application, as well as to any other person authorized by law.

Section B – Identification

Employer

1. Employer _____ Group # _____ Certificate # _____

Employee

2. First name _____ Last name _____
3. Date of ticket or package purchase Y M D
4. Date you requested a cancellation Y M D
5. Cost of ticket or trip* $ _____
6. Reason for trip ☐ Vacation or seasonal residence ☐ Work ☐ School ☐ Family visit
7. Please explain the reason for your cancellation _____

* Please attach a copy of your payment (e.g., cheque, credit card statement, money order)

Section C – In the Event of Death

Please provide the information of the deceased person and attach a copy of the death certificate.

1. First name _____ Last name _____
2. Relationship _____
3. Date of death Y M D
4. Cause of death _____
5. Date of hospitalization if applicable: From Y M D to Y M D

Section D – In the Event of Illness or Accident

Please provide the information of the sick or injured person.

1. First name _____ Last name _____
2. Relationship to the sick or injured person _____
3. Date the illness first started (if applicable) Y M D
   Nature of the illness _____
4. Date the accident occurred (if applicable) Y M D
   Nature of the accident _____

Section D – In the Event of Illness or Accident (Cont.)

Please provide the information of the sick or injured person.

Attending physician in Quebec or another province

5. First name _____ Last name _____
   Medical clinic _____
   Address _____
   City _____ Province _____ Country _____ Postal code _____

Attending physician at the location where medical care was provided

6. First name _____ Last name _____
   Medical clinic _____
   Address _____
   City _____ Province _____ Country _____ Postal code _____

Section E – Reimbursement Obtained Through the Compensation Fund for Customers of Travel Agents (for Quebec residents only)

1. Did you purchase your trip from a travel agency licensed by the Office de la protection du consommateur?
   ☐ Yes ☐ No
2. Have you made a reimbursement claim through the Compensation Fund for Customers of Travel Agents?
   ☐ Yes ☐ No If **Yes**, on what date? Y M D
3. How much did you receive?* $ _____

* Please attach a copy of the document accompanying your reimbursement (credit voucher)

Section F – Reimbursement Obtained Through Any Other Service Provider

Note: Please note that a travel credit, or the option to change the date of travel, are considered a reimbursement.

1. Have you made a reimbursement claim to your travel agency, airline or any other service provider for the refundable portion of the trip?
   ☐ Yes ☐ No If **Yes**, on what date? Y M D
2. What type of reimbursement did you receive? ☐ Cash ☐ Credit voucher/change of dates
3. How much did you receive?* $ _____

* Please attach a copy of the document accompanying your reimbursement (credit voucher)

Section G – Other Insurance

1. Do you have any other travel insurance in force? ☐ Yes ☐ No If **Yes**, please specify:

Type of coverage	Yes	No	Name of insurer	Contract #
Individual coverage	☐	☐		
Group coverage	☐	☐		
Credit card	☐	☐		
Other: _____	☐	☐		

Section H – Consent and Signature

I hereby authorize UV Insurance to obtain the personal medical information strictly necessary for the analysis of my claim, from any individual or legal entity, or from any public or para-public body, including but not limited to travel agencies, wholesalers, airlines, healthcare professionals, or healthcare facilities – including attending physicians, specialists, pharmacists, and psychologists – that have been involved in my care in connection with this claim.

I consent to the following third parties: pharmacists, medical specialists, therapists or health care professionals providing UV Insurance with the information required to analyze my claim, including a copy of my medical records, diagnoses, test results and any other relevant information. UV Insurance will collect only the personal information strictly necessary to analyze this claim.

Section H – Consent and Signature (cont.)

In the event that any benefits related to this claim must be paid to UV Insurance by a third party or parties, the undersigned authorizes such third party to reimburse UV Insurance directly.

The undersigned understands that this consent also applies to their dependents if they are covered by this claim and certifies that they have obtained their permission.

By signing, you understand that in the event any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy**.

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein.

By signing below, the undersigned certifies that the information provided is complete and true and that a photocopy of this document is of the same value as the original.

X _____ _____ Date Y M D

Owner's signature | Signatory's name in block letters

Instructions

Before submitting a claim, please ensure that you have completed the following steps:

- You must first contact your service provider (e.g., airline, cruise ship, travel agency) to verify whether your trip can be rescheduled or cancelled or whether you are eligible for a credit voucher.
- If your trip was purchased with a credit card that provides trip cancellation and/or interruption insurance, you must submit your claim to this company before contacting us.

Eligible expenses

To be eligible, expenses for trip cancellation or interruption must meet the following conditions:

1. They have been paid for in advance by the insured while this coverage is in effect.
2. At the time of finalizing travel arrangements, the Insured is not aware of any event that could reasonably result in the cancellation or interruption of the planned trip.
3. This coverage is in effect at the time of the scheduled travel period.

Required documents

Below is a list of the documents required for us to review your claim. Please note that we cannot begin processing your claim until we have received all the required documents.

- A duly completed and signed copy of this form.
- Original invoices/receipts for all expenses covered by your claim. Receipts must include contracts officially issued through a travel agent or accredited business that clearly state the non-refundable amounts in the event of cancellation.
- Proof of payment (e.g. cheque, credit card statement, money order).
- Written proof of the cancellation request for your package or airline tickets submitted to each service provider (travel agency, tour operator, airline). The response from each service provider must also be sent to the insurer.
- Please attach proof of all credits and refunds already received and/or offered by your travel agency, credit card issuer and/or each service provider for the refundable portion of the trip.
- If the trip was paid for with your credit card, please send us the coordination of benefits clauses for the trip cancellation coverage offered by your credit card if it is included with your card.

Please note that UV Insurance may require statements from the insured or any other documentation to support the claim. You must submit a complete claim for trip cancellation benefits to each of your insurers so that they can review your claim.

Furthermore, it is stipulated in the contract that in the event of cancellation before departure, the trip must be cancelled through the travel agency or the carrier within 48 hours or, if it is a statutory holiday, on the next business day. The insurer must be notified at the same time.

If you have any questions, please contact us at 1-800-567-0988 ext. 2078.
Return the original by mail or via the secure site from your member account at www.uvassurance.ca/en
Please keep a copy for your records.

UV Insurance is a corporate name and trademark of The Union Life Mutual Assurance Company.