ALBERTA BLUE CROSS®

TRIP CANCELLATION, TRIP INTERRUPTION AND BAGGAGE CLAIM FORM

How to claim out of province trip cancellation/trip interruption/baggage expenses

Please complete this form in full. Keep copies of invoices or receipts for your records.

Supporting documents required for claiming trip cancellation or trip interruption

Proof of the cause of the claim, including

- medical certificate with diagnosis (if applicable),
- proof of cancellation (a report from the common carrier or other responsible authority),
- proof of cancellation and refund policy,
- proof of payment,
- proof of non-refundable and non-transferable expenses, and
- other supporting documentation as requested.

Supporting documents required for baggage loss/theft/damage or delay

- Written confirmation from travel authority common carrier that the baggage has been lost or delayed.
- List of lost/stolen items with dollar values (on claim form).
- Receipt for purchases.
- Police reports.
- Other applicable documents.

1. ☐ Member information

Please check the applicable box

☐ Trip cancellation ☐ Trip interruption ☐ Baggage loss/theft/damage ☐ Baggage delay

First name	Last name	Birth date (YYYY-MM-DD)

Travel ID number	Daytime phone (10 digits)

Mailing address	Postal code

Date of departure (YYYY-MM-DD)	Date of return (YYYY-MM-DD)	Date travel tickets purchased (YYYY-MM-DD)	Country of destination

2. ☐ Claimant information (if different from member)

First name	Last name	Birth date (YYYY-MM-DD)

3. ☐ Trip cancellation/trip interruption information (if applicable)

Describe the circumstances which resulted in the cancellation or interruption of your trip

_____

_____

If you cancelled or your trip was interrupted due to the illness or death of family member, please state your relationship to the ill or deceased family member _____

Dates of the cause of cancellation or interruption of your trip (YYYY-MM-DD) _____

AMOUNTS CLAIMED

Item	Amount	Item	Amount
1.	$	5.	$
2.	$	6.	$
3.	$	7.	$
4.	$	8.	$
		Total of items 1-8	$

4. ☐ Member's statement (to be filled out if the cancellation is due to medical reasons only)

I certify that the information on this form is true, correct and complete to the best of my knowledge.

Date of treatment (YYYY-MM-DD) _____ Details of illness or injury _____

Name of clinic or hospital _____

Was the patient hospitalized ☐ Yes ☐ No If "yes", please specify admission and discharge dates from (YYYY-MM-DD) _____ to (YYYY-MM-DD) _____

5. ☐ Baggage loss/theft/damage or delay information (if applicable)

Describe circumstances*

_____

_____

*LIST OF LOST/STOLEN/DAMAGED ITEMS		*LIST OF EXPENSES INCURRED (BAGGAGE DELAY ONLY)	
Item	**Amount**	**Item**	**Amount**
1.	$	1.	$
2.	$	2.	$
3.	$	3.	$
4.	$	4.	$
5.	$	5.	$
Total of items 1-5	$	**Total of items 1-5**	$

6. ☐ If you have coverage through another benefits carrier or Alberta Blue Cross Plan (including credit card coverage, home owner's insurance, trip cancellation and/or trip interruption), please complete this section

Name of benefits carrier or if other Alberta Blue Cross Plan, the name of the employer		Has a claim been submitted to this carrier? ☐ Yes ☐ No
Address of benefits carrier		Phone number of benefits carrier
Policy ID number or Alberta Blue Cross group, section and ID number	Name of primary plan member	Birth date of primary plan member (YYYY-MM-DD)

ACKNOWLEDGEMENT AND CONSENT

You certify that the information contained in this and other documents supporting this claim is true and complete. By submitting this form, You understand you are requesting payment for the listed expenses, in accordance with your benefit plan guidelines. You understand that the expenses listed may not be covered by, or **may exceed, your plan benefits**. You

- authorize Alberta Blue Cross and/or its agents to collect, use, maintain and disclose personal information for the purposes of determining eligibility for coverage, assessment, paying claims, audit, investigation, underwriting, administration and claim management purposes;
- acknowledge and agree that your personal information or that of your dependents may only be collected from and/or released to a third party (health care professional/practitioner/insurer or reinsurer/ agent of record) only when needed for a purpose stated above;
- confirm that you are authorized by your spouse and dependents to receive and disclose information about them that is used solely for these purposes;
- represent to us that you have the consent to share any personal information you provide to us and agree that if a third party refuses to provide consent to share their personal information needed to substantiate a claim, the claim may be denied;
- understand that you can revoke this consent at any time in writing; however, if consent is withheld or revoked coverage may be denied or rescinded;
- understand why you have been asked to disclose this information, and are aware of the risks and benefits of consenting, or refusing to consent, to the disclosure; and
- agree that this consent shall be effective on the date of this application and shall be valid for the duration of the time coverage is in effect.

AUTHORIZATION OF PAYMENT

You authorize any health benefits or insurance companies to release payments to Alberta Blue Cross and for Alberta Blue Cross to release pertinent payments to other parties for the purposes of processing your travel coverage claims.

By signing this form, you acknowledge you have read and understood the Acknowledgement and Consent and Authorization of Payment, and agree to the collection, use and disclosure of your personal information as described above.

Claimant's signature (or parent/guardian if claimant is a minor under the age of 18) _____ Date (YYYY-MM-DD) _____

Member's signature _____ Date (YYYY-MM-DD) _____

PRIVACY NOTE: The collection, use and disclosure of information authorized on this claim form is pursuant to sections 17, 33, 34, 39 and 40 of the Freedom of information and Protection of Privacy Act (Alberta),and sections 20, 21, 27 and 34 of the Health Information Act. For more information about Alberta Blue Cross privacy policies or the collection, use or disclosure of your/your dependents' personal information, visit ab.bluecross.ca, or email our Privacy Compliance Officer at privacy@ab.bluecross.ca.