

Travel Net Confirmation ID Number:

\_\_\_\_\_



- 1. PLEASE FULLY COMPLETE THIS FORM
- 2. ATTACH REQUIRED DOCUMENTATION
- 3. MAIL TO HSR
- E-Mail: TravelNetClaims@hsri.com

4100 Medical Parkway  
 Carrollton, Texas 75007  
 972-512-5600, Fax 972-512-5820  
 Toll Free 877-447-7862

**Baggage or Travel Delay Claim**  
 Please print except where signature is required

**Section 1 – Insured**

Claimant's Name (Insured) \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Full Name of All Persons Claiming	Ages	Relationship to Patient
_____	_____	_____
_____	_____	_____

**Section 2 – Trip**

Travelex Location Number \_\_\_\_\_

Travel Agency \_\_\_\_\_ Agent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Cruise Line/Tour Operator \_\_\_\_\_ Booking/Reservation No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Trip Departure Date \_\_\_\_\_ Scheduled Return Date \_\_\_\_\_

Destination \_\_\_\_\_ Departure City \_\_\_\_\_

**Section 3 – Coverage Purchased**

How much did you pay for coverage? \$ \_\_\_\_\_ Number of people covered? \_\_\_\_\_

Date you made initial trip deposit? \_\_\_\_\_ Date you made final payment on trip? \_\_\_\_\_

Date insurance was purchased? \_\_\_\_\_ Date incident occurred (**must complete**) \_\_\_\_\_

Has your loss been reported to any other insurance company?  Yes  No

If yes, please provide the Name, Address and Phone Number of the other company

\_\_\_\_\_

**Section 4 – Description of Delay**

Please supply a brief description of the circumstances that caused your delay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:** Official verification must be attached. (for example, a letter from airlines or other common carrier)

**Section 5 – Expense Information**

Type of delay for which you are submitting a claim:

Travel Delay

Fill out and attach receipts for all expenses you are claiming and copies of any expense allowances you received from the airline, cruiseline or tour operator. **We will be unable to reimburse for expenses without receipts.**

Description of Expenses	Where Expense was Incurred	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Verification of Travel Delay** – attach a copy of the police, airline, cruiseline or tour operator report which verifies the cause and duration of your travel delay.

Baggage Delay

Fill out and attach receipts for all items you are claiming. **We will be unable to reimburse for expenses without receipts.**

Description of Expenses	Where Expense was Incurred	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Verification of Baggage Delay** – attach documentation from airline, cruiseline, etc. which verifies the duration of your baggage delay.

**Section 7 – Please Read and Sign**

Any person who knowingly and with intent to defraud any insurance company or other persons, for example by filing a statement of claim which contains any materially false, incomplete or misleading information, is committing a fraudulent insurance act, and is therefore subject to criminal prosecution and civil penalties.

I have read the foregoing and the answers provided are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## FRAUD STATEMENTS

**GENERAL:** 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.

**ALASKA, ARKANSAS, IDAHO, INDIANA:** Any person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**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.

**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.

**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 RESIDENTS:** 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.

**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 and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**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:** 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.

**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.

**OREGON:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**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 act, which is a crime and subjects such person to criminal and civil penalties.

**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.

**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.