

TravelNet Confirmation ID Number:



- 1. PLEASE FULLY COMPLETE THIS FORM
- 2. ATTACH REQUIRED DOCUMENTATION
- 3. MAIL TO HSR

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

E-Mail: TravelNetClaims@hsri.com

TRIP CANCELLATION / INTERRUPTION CLAIM

Please print except where signature is required

Section 1 – Your Information (the 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
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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 – Reason for Claim

Please supply a brief description of the circumstances that caused this claim: (Select one and attach additional pages if necessary) Cancellation Interruption

Trip Interruption - Name of airline on which you returned or rejoined the trip: _____
 Point of Departure: _____ Date of Interruption (mm/dd/yy): _____
 Fare paid: \$ _____ Class of Service: _____

Sickness or Injury (Note: Physician's Statement must be signed and completed by the patient's physician before the claim can be processed. Date Sickness/Injury occurred (mm/dd/yy): _____)

OR

Death (Note: Please attach a copy of death certificate. Medical records for the pre-existing may be requested.)
 Date of death (mm/dd/yy): _____

Date Hospitalized: _____ Dates of Confinement: From _____ To _____

Date of First Consultation: _____

Sickness/ injury OR Death of: (check one) Insured Traveling companion Immediate family member
 Please print full name of above noted person.

 Name of Patient's Family Physician: _____ Telephone () _____

Name of Other Physician consulted or seen: _____ Telephone () _____

Default of Tour Operator, Airline or Cruise Line (Note: Please attach official verification.)

Date of default (mo/day/yr) _____ Name of defaulting organization _____

Terrorist Incident (Note: Attach newspaper account of incident.)

Date of default (mo/day/yr) _____ Date of scheduled arrival (mo/day/yr) _____

City where incident occurred _____

Other (Including subpoena, traffic accident en route to departure, hijack or quarantine, primary residence made uninhabitable by fire or flood. Note: Attach appropriate documentation of incident.)

Incident _____ Date of incident (mo/day/yr) _____

Section 5 – Claim Amount

Attach copies of invoices, proof of payments, original unused tickets, and receipts for replacement airline tickets.

Expenses:	A. Total transportation expenses paid (including air, bus, railroad, etc.)	\$ _____
	B. Total tour/cruise expenses paid	\$ _____
	C. Other expenses paid (including hotel, meals, etc. Attach all receipts)	\$ _____
	D. Total expenses (A + B + C)	\$ _____
Refund:	E. Total amount refunded (directly from tour/cruise line operator, etc.)	\$ _____
	F. Amount of Claim (D – E)	\$ _____

Section 6 – 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.