

CLAIM PROCESS

- A. Complete both pages of the Claim Form;
- B. Sign the Agreement and Authorization section;
- C. If applicable, have the injured or sick person's physician complete and sign the Attending Physician Declaration;
- D. Send all duly completed forms as well as any other required documents to Medavie Blue Cross.

By Regular Mail:

Medavie Blue Cross
c/o Travel Plan Programs
644 Main St. PO Box 220
Moncton, NB E1C 8L3

By Fax:

506-867-4125

Inquiries Atlantic and Ontario Regions : 1-800-667-4511
Inquiries Quebec Region: 1-888-588-1212

By Email:

travel.claims@medavie.bluecross.ca

Send all scanned documents and keep originals.

Attach the following documents (if applicable):

- The fully completed claim form, signed and dated? - *Incomplete claim forms will be returned to you and this will delay the processing of your claim submission.*
- Proof of ownership of lost/damaged/stolen or delayed items? - *For example: receipts, credit card statements, photos, instruction manuals, etc.*
- A Baggage Irregularity Report for lost, damaged, stolen, or delayed items? - *This may be filed with the airline, airport, cruise line, bus line, tour operator, hotel, etc. If the loss, theft, or damage was noticed only upon your return home, please notify the responsible party (airline, airport, cruise line, bus line, tour operator, hotel) and request a copy of a Baggage Irregularity Report. Claims without this report will not be considered.*
- A copy of a police report for items stolen at your area of destination? - *Claims without this report will not be considered.*
- A copy of all documents for your records?

POLICYHOLDER

Last Name: _____ First Name: _____

Gender: Male Female Date of Birth: _____ (Year / Month / Day) Email: _____

Policy Number: _____ Identification Number: _____

Telephone Number (Home): _____ Telephone Number (Mobile): _____

Mailing Address (N^o, Street, Apt): _____

City: _____ Province: _____ Postal Code: _____

Is the policyholder submitting a claim? Yes No

CLAIMANTS (other than Policyholder)

Spouse: Gender: Male Female Date of Birth: _____ (Year / Month / Day)

Last Name: _____ First Name: _____

Dependent Child: Gender: Male Female Date of Birth: _____ (Year / Month / Day)

Last Name: _____ First Name: _____

Dependent Child: Gender: Male Female Date of Birth: _____ (Year / Month / Day)

Last Name: _____ First Name: _____

Dependent Child: Gender: Male Female Date of Birth: _____ (Year / Month / Day)

Last Name: _____ First Name: _____

AGREEMENT AND AUTHORIZATION

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the member of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.

This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit medaviebc.ca.

Signature of Policyholder or legal heir: _____ Date: _____ (Year / Month / Day)

Signature of Spouse if he or she is claiming: _____ Date: _____ (Year / Month / Day)



TRIP INFORMATION

Place of incident (city and country): _____ Date of incident: _____ (Year / Month / Day)

Destination: _____ Airline: _____

Date of departure: _____ (Year / Month / Day) Date of return: _____ (Year / Month / Day) Number of Checked Baggage: _____

Number of lost or delayed baggage: _____ Number of hours delayed: _____ Date baggage was received: _____ (Year / Month / Day)

Did you report the incident to the police, the airline company or any other authority? Yes No

Type of claim:

Damage

Delay

Loss

Theft

OTHER INSURANCE

Do you or does your spouse or child have another travel insurance? Yes No If so, please provide the following information.

Group Insurance:

Policyholder: _____ Insurance Company: _____

Company Telephone Number: _____ Policy Number: _____ ID Number: _____

Travel Insurance with a Credit Card Company:

Cardholder: _____ Financial Institution: _____

Card Number: _____

Other Travel Insurance:

Policyholder: _____ Insurance Company: _____

Company Telephone Number: _____ Policy Number: _____ ID Number: _____

Have you already initiated a claim? Yes No If so, please indicate the file number: _____

ESSENTIAL DOCUMENTS TO SUBMIT
For all claims:

- The « Claim Form – Baggage Benefit » duly completed and signed;
- Detailed list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing;
- A letter detailing your version of events and circumstances leading to the claim;
- Detailed invoice(s) of your travel arrangements (travel agency or e-agency);
- Electronic airline tickets and labels confirming baggage check;
- If baggage is covered by a credit card insurance, account statement(s) proving the entire costs of transportation (and if applicable, accommodation expenses) have been paid with the credit card;
- **According to the event giving rise to the claim:**
 - * Police or other competent authority's report regarding the theft ;
 - * Airline company's report regarding the theft, loss, damage or delay of baggage;
 - * Purchase receipts for stolen or damaged items or purchase receipts for necessary toiletries and clothing in case of delayed baggage;
 - * Irregularity Report issued by the air carrier;
 - * Letter of settlement (payment) or denial of the airline company.

An incomplete claim may cause additional delays in processing your file. If you can't submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

Should you have any questions about your coverage or the claims process, please contact us at 1-800-667-4511 (Atlantic or Ontario Regions or at 1-888-588-1212 (Quebec Region).

