

# Refund Request Form

PLEASE COMPLETE IN FULL AND ATTACH REQUIRED DOCUMENTS\*

Insured(s) Name(s) \_\_\_\_\_ Policy Number \_\_\_\_\_

Prior to Effective Date     After Effective Date

### For full reimbursement

There will be no refund of premium if any losses have been incurred whether or not a claim has been made.

#### Plans will be refunded under the following circumstances:

1. The student fails to meet visa entry eligibility requirements.
2. The insured person permanently returns to his/her country of origin 30 days or more prior to the expiry date of coverage.
3. The insured person becomes covered under a provincial or territorial health/medical plan.

Refunds will not be provided for amounts less than the minimum required premium for the plan purchased.

#### \* REQUIRED DOCUMENTS:

- Copy of Confirmation of Coverage
- Confirmation of client's return or departure (eg. copy of boarding pass or itinerary)
- Copy of confirmation letter from applicable provincial/territorial health care plan.
- Any other documentation to support the refund request.

#### CLAIM WAIVER (to be signed by insured)

I/We declare that I/we have not made a claim, nor will I/we make any claim against Policy Number \_\_\_\_\_. In consideration of a refund, which I/we understand is subject to a cancellation fee, I/we hereby surrender all rights and privileges that I/we may have pertaining to the above cited Policy, effective MM/DD/YYYY.

Signature of Insured: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_

Signed in: (city) \_\_\_\_\_ (prov.) \_\_\_\_\_ Date: MM/DD/YYYY

Signature of Agent: \_\_\_\_\_ At offices of: \_\_\_\_\_

Notes: \_\_\_\_\_

Refund request form can be scanned and emailed to Agency Services at [info@allianz-assistance.ca](mailto:info@allianz-assistance.ca) or by Toll-free fax at 1-866-694-8032.