

Visitor to Canada Cancellation / Refund Request Form

A premium refund may not be available if a claim has been reported under this policy.
A \$25 Administration Fee will be applied to all refunds. Refer to policy for full details.

Must be completed in full by Insured OR Sponsor OR selling Agent

Policy No: _____ Named Insured(s): _____

Reason for Request: Early departure on (date) _____
(check one) Obtained Government Health Ins on (date) _____
 Non-arrival or denied travel Visa
 Other (please explain below)

Remarks: _____

If you are requesting that we issue this refund retroactively (with a cancellation date prior to the date of this request), acceptable proof must be submitted as follows:

- Early departure - Proof of the date you left Canada (ticket, boarding pass, or copy of passport pages)
*Note: for **Super Visa** policy holders, either; a) a boarding pass, **or** b) airline ticket & stamped passport pages, **must** be provided for all refund requests received before or after departure.*
- GHIP obtained - Proof of the date your Canadian Government Health Insurance took effect.
- Non-arrival - Proof that you did not travel to Canada (travel visa denial letter or copy of passport pages)
*Note: for **Super Visa** policies, proof of visa denial or extenuating circumstances will be required.*

If your premium was paid by credit card, please provide full card details:

Card No: _____ Expiry date: _____ / _____
(**MUST** match card# used to purchase policy) Cardholder Name: _____

Declaration and Signature: By signing below, I hereby declare that there has been no claim reported on this policy and that no claim will be submitted; (or, if I have reported a claim that is payable but which has not yet been paid, I agree to the deduction of a \$200 fee to withdraw my claim to apply for this refund). I also declare that this request will not reduce or eliminate private medical insurance coverage that has been used to comply with the requirements of a Visitor to Canada Visa or Super Visa.

Name _____ I am the (check one) Insured Sponsor Agent

Signature _____ Date _____

E-mail / Phone # / Fax # _____

(Head Office Use Only)

Premium has been refunded to client by: Credit Card Agent Cheque from 21st Century

Refund Processed on (date) _____ Refund Amount \$ _____ (\$ _____ less \$25 Admin Fee)

Verified No Claims on: (date) _____

21st Century Travel Insurance Limited

18 - 1040 Division Street, Cobourg, ON K9A 5Y5 PH 1-800-567-0021 FX 1-866-255-0155 Email: info@21stcenturytravelins.com

Form VRR-1302