

Early return

Premium reimbursement request

INFORMATION					
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Name of payer:					
Address:				Apt.:	
City:	Province:		Postal Co	ode:	
Telephone number:	Mobile number:				
Name of policyholder C				ntract No.	
REIMBURSEMENT OF THE INSURANCE CONTR	RACT				
In the event of an early return:The premium can be reimbursed for the unusedAdministration fees of \$25 are deducted from a			s filed during	g your trip.	
No premiums are reimbursed for the following benefits or products: • Trip cancellation before departure • Emergency return benefit • Annual travel insurance (with or without Package Option) • Package insurance with trip cancellation before departure • SummerTime Blue®					
PROOF OF RETURN					
Please include a proof of return with your reques	st.				
 Return ticket to your province of residence, or departure from Canada if Visitor to Canada, Immigrant or Foreign Worker/Student Proof of a purchase made in the province of residence (credit card slip, gas receipt) 					
If you have no proof of your return, the postmark date on the request letter is considered as the return date and the reimbursement is calculated as of the following day.					
Date of your early return://///	<u>Y</u>				
The insurance premium must be reimbursed on the your credit card information once more strictly for cash, a reimbursement cheque will be issued to the	security reasons.	If the payment v		,	0
Type of card: □ Visa □ MasterCard □ Ame	ex				
Card number:					
Expiry date: /					
MM YYYY Cardholder:					
Signature			Date	/	/