

# Refund Application

In order to process your client's refund correctly, please complete the entire form. Refund requests received with incomplete information will not be processed.

TuGo™  
Travel Insurance

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## REFUND APPLICATION PROCEDURES

- All requests for refund must be submitted to TuGo using this Refund Application form. Please photocopy a supply for your office.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- If you have determined that a refund is available, please complete the Refund Application (below). TuGo cannot determine if a refund is available until all applicable documents are reviewed.
- Supporting documentation from the Insured will be required for each refund. Refer to the Refund Application (below) for details.
- When TuGo has determined if a refund is available, a letter will be sent to your office providing instructions for refunding the Insured.
- Refunds are subject to an administration fee.

## REFUND APPLICATION FORM

### Policy Details

Name Of Person Requesting Refund: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Of Refund Request: \_\_\_\_\_ DD | MM | YYYY

### Name(s) of Insured(s) Requesting Refund

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Full Refund Partial Refund

### Partial Refunds for Early Return

Departure Date: \_\_\_\_\_ DD | MM | YYYY Early Return Date: \_\_\_\_\_ DD | MM | YYYY

### For Agent Use Only

Agent Code: \_\_\_\_\_

### Refunds - Multi Trip Annual Extensions

Extension Start Date: \_\_\_\_\_ DD | MM | YYYY Early Return Date: \_\_\_\_\_ DD | MM | YYYY Extension End Date: \_\_\_\_\_ DD | MM | YYYY

### Reason for Refund

\_\_\_\_\_  
\_\_\_\_\_

- Documentation Enclosed**
- Proof of date of return, for partial refunds only.\*
  - Copy of Death Certificate, if applicable.
  - Visitors to Canada/Students who have become eligible for Provincial Medical plan must include a copy of the letter from the provincial plan indicating the date coverage began.

\* If adequate documentation is not received or cannot be obtained, calculation of refund will be based on the post marked date of your written request, provided request is received no later than 30 days after your actual return date and prior to expiry date. If you are in a broker's office requesting a refund and are unable to provide one of the documents as proof of return, the amount of the refund will be calculated based on the date you are in the broker's office. Date of cancellation must be the same as the date document is signed by insured.

### Insured or representative of the Insured's Declaration

I/We hereby declare and agree that no claim has been or will be submitted as of today's date.

**X** \_\_\_\_\_ DD | MM | YYYY

SIGNATURE Insured Date

**X** \_\_\_\_\_ DD | MM | YYYY

SIGNATURE Representative of the Insured Date

### TuGo Office Use Only

Admin Fee:

Authorized By:

Date Processed: