

Claimant's Statement – Political Evacuation

FORM SUBMISSION OPTIONS

Paper Form - Mail to:

 WorldTrips
 Box No. 2005
 Farmington Hills, MI 48333-2005
 USA

Email:

service@worldtrips.com

| | | |
|----------------------------------|-------------------------|--------------------------------------|
| Claimant's Name: | | |
| Citizenship: | Home Country: | Visiting Country: |
| Date of Birth (MM/DD/YY): | Mailing Address: | |
| Phone: | Email: | Policy Identification Number: |

Did On Call International make your travel arrangements? Yes No

Date and method (phone, email, fax, etc.) you first contacted WorldTrips for Political Evacuation:

Date (MM/DD/YY): _____ Method: _____

Date you arrived in the country from which you were politically evacuated:

Date (MM/DD/YY): _____

If you made your own arrangements, please complete and attach necessary documentation:

1. Where did you evacuate from _____ and to _____?
2. Date of travel (MM/DD/YY): _____
3. Did you have a previously scheduled flight? Yes No
 - a. If so, did you contact the airlines to change the original tickets? Yes No
 - b. Did you incur a change fee? Yes No If so, please attach.
 - c. Were you reimbursed from the airline for any previously scheduled flight that was not utilized for the Political Evacuation? Yes No If so, please include the amount of the refund.
4. If you did not return to your home country, please advise why you selected a country that was not your home country: _____
5. Please attach all airline flight information and receipts.
6. If you are outside the USA and prefer a wire transfer, please complete the wire transfer form below.

AUTHORIZATION AGREEMENT FORM - WIRE PAYMENTS

The insured hereby authorizes WORLDTRIPS to initiate credit entries to the account indicated below at the depository financial institution named below. It is also acknowledged that the origination of WIRE transactions to the specified account must comply with the provisions of U.S. law. **Additionally, WORLDTRIPS reserves the right to limit wires to a \$250 minimum.**

| | | | | | |
|--|--|---|--|--|--|
| 1. Beneficiary Name: | | 2. Home Telephone (If Applicable): | | 3. Email Address (If Applicable): | |
| 4. Beneficiary Address: | | | | | |
| 5. City: | | 6. State: | | 7. Postal Code: | |
| | | | | | |
| Bank Information | | | | | |
| 9. Bank Name: | | 10. Beneficiary Account Number or IBAN Number: | | 11. Swift Code or Routing Number: | |
| | | | | | |
| 12. Bank Branch & Address: | | | | | |
| | | | | | |
| 13. City: | | 14. State: | | 15. Postal Code: | |
| | | | | | |
| Intermediary Bank Information (If Applicable) | | | | | |
| 9. Bank Name: | | 10. Account Number or IBAN Number: | | 11. Swift Code: | |
| | | | | | |
| 12. Bank Branch & Address: | | | | | |
| | | | | | |
| 13. City: | | 14. State: | | 15. Postal Code: | |
| | | | | | |

 Printed Name of Insured Person

 Insured Signature

 Date (MM/DD/YY)

VERIFICATION

I verify that all information contained in this form is true, correct, and complete to the best of my knowledge.

 Print Name

 Claimant Signature

 Date (MM/DD/YY)