

Lost Luggage and Trip Interruption Losses Claim Form and Instructions

1. MEMBER INFORMATION

Member ID	<i>Please enter Member ID as shown on card</i>									
Member Name (Given Name, Family Name)	Member date of birth (MM/DD/YYYY)			Member's Gender						
				<input type="checkbox"/> Male		<input type="checkbox"/> Female				
Name of Insured Member (Given Name, Family Name)	Insured's date of birth (MM/DD/YYYY)			Claimant's Relationship to Insured						
				<input type="checkbox"/> Self		<input type="checkbox"/> Spouse		<input type="checkbox"/> Child		
Name of Plan Program Sponsor	Insured's current mailing address									
Member Email						Member Phone Number				

2. INSURANCE OVERVIEW (see Certificate for all terms and conditions)

All active participants enrolled in GeoBlue Voyager Essential and GeoBlue Voyager Choice plans are covered (subject to submission of the proper documentation) to a total of a **\$500 maximum, and limited to \$100 per bag, or personal effect**, for costs associated with replacing a lost piece of luggage or personal effects that have not been returned) while on your covered trip. This does not include luggage that was temporarily delayed or lost and later recovered. The Certificate details what property is covered or excluded.

All participants are eligible for an additional **allowance up to \$500** if, post departure, your trip is shortened or interrupted for medical reasons, a terrorist event or an imminent threat to personal safety (Threat must be documented by U.S State Department travel warning.) In that event, a participant will be reimbursed for the cost of changing an airline ticket or ground transportation ticket of the same class as the unused travel ticket to return home in an amount up to \$500 (subject to submission of the proper documentation such as a medical report).

3. REIMBURSEMENT REQUEST – check all that apply

Lost Passport	<input type="checkbox"/>	Lost Luggage	<input type="checkbox"/>	Re-issue Lost Airline Ticket	<input type="checkbox"/>	Post Departure Trip Interruption	<input type="checkbox"/>
Date of Incident (MM/DD/YYYY)		Place of Incident					
Description/Details of Incident (attach additional notes if necessary — See back for instructions)							

4. CHARGES – use a separate line to list each type of loss and attach itemized bills for all services

Description of Loss	Dates (MM/DD/YYYY)	Charges (Please indicate currency)

6. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the member named above. Authorization is hereby given to any provider of service that participated in any way in the member's claim, to release to GeoBlue and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries. Please see the back of this form for important information.

Signature of Insured member		Date	
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FRAUD NOTICE

General Fraud Warning – Any person who knowingly and with intent to defraud, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AUTHORIZATION FOR ASSIGNMENT

Authorization for Assignment – All payments will be made to the Primary Insured if the doctor/hospital bills have been paid by you. If you would like a third party to receive reimbursement for covered expenses under this policy, you must request an Authorization for Assignment from GeoBlue Member Services.

Authorization for Assignment of Benefits is voluntary. Any documentation accompanying a payment or otherwise could contain federal and/or state Protected Health Information and other protected private or financial information. Protected Health Information means health data that could be used to individually identify you including your name, address and specific medical material and facts

INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

In order to claim the reimbursement available to qualified members through the Global Citizens Association, members must include the following documentation with this completed and signed reimbursement form:

- **For a lost piece of luggage (not returned) or personal effects**
 - Proof of loss: documentation from the carrier (cruise line, airline, etc.) regarding the filing and disposition of your claim with them, or a police report (required) if theft lost is not related to a carrier.
 - An itemized listing of all lost/stolen and their value.
 - Original receipts of purchase.

- **For a post departure trip interrupted for a medical reason, a terrorist event or an imminent threat to personal safety that was documented by U.S. State Department travel warning issued during your trip**

For a medical reason:

 - All unused tickets (airline, cruise line, etc.)
 - Proof of payment and receipts for any additional transportation expenses incurred
 - A statement from the treating physician specifying the nature of the illness/medical reason why your trip could not be continued
 - Documentation of Refunds received from the travel supplier(s) and/or Common Carrier(s).
 - Copy of the supplier's literature that describes penalties

- **For a terrorist/security/personal safety event:**
 - All unused tickets (airline, cruise line, etc.)
 - Proof of payment and receipts for any additional transportation expenses incurred
 - Date of State Department travel warning
 - Documentation of Refunds received from the travel supplier(s) and/or Common Carrier(s).
 - Copy of the supplier's literature that describes penalties

SEND COMPLETED CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO THE ADDRESS BELOW

GeoBlue
Claims Department
PO Box 1748
Southeastern, PA 19399-1748
Claims Submission Fax: **1.610.482.9623**
Claims Submission Email: **claims@geo-blue.com**

24/7 Member Services:

Outside the U.S.: **+1.610.254.5830**

Toll Free Within the U.S.: **1-888-412-6403**