Redbridge

Claim Form - Travel Assistance

FOR COMPANY USE ONLY	
CLAIM Number.	

I-POLICYHOLDER INFORMATION

Certificate Number	ID Number (License / Passport)	Effective Date (mm/dd/yyyy)	Termination Date (mm/dd/yyyy)

Full Name:	Name(s)	1st. Surname	2nd. Surname	Sex at Birth ❑ Female ❑ Male	Date of Birth (mm/dd/yyyy)

Residential Address:	Address	City	State	Country	Zip Code

E-mail Address:		Home Phone:		Cell Phone:	

II-BENEFICIARY INFORMATION (if different from Policyholder)

Full Name:	Name(s)	1st. Surname	2nd. Surname	Sex at Birth ❑ Female ❑ Male	Date of Birth (mm/dd/yyyy)

E-mail Address:		Home Phone:		Cell Phone:	

III.- TYPE OF COVERAGE - Select the benefit that is the subject of the claim.

Medical Expenses	**Repatriation / Transfer**	**Documents and Luggage**
❑ Medical Emergency / Medications	❑ Funeral Repatriation	❑ Luggage Delay
❑ Hospitalization	❑ Repatriation due to Medical Emergency	❑ Permanent loss of luggage
❑ Dental Emergency	❑ Ground or Air Transfer due to Medical Emergency	❑ Loss of Passport
❑ Hospital Stay	❑ Return trip due to the death of a direct relative	
	❑ Return of Companion	
	❑ Transfer of a Family Member due to Hospitalization of the Policyholder	
Cancelation / Interruption	**Accident**	**Other (Specify type of coverage claimed)**
❑ Flight Delayed or Cancelled	❑ Accidental Death and Dismemberment	❑ _____
❑ Missed connecting flight		_____

Additional Riders (If the claim is for one of the following additionally contracted riders, please identify)

❑ Future Mother ❑ Sports Practice ❑ Preexisting Conditions ❑ Pets ❑ Cancellation or Interruption of Booked Trip ❑ VIP Legal Assistance

IV.- CLAIM INFORMATION

Date of Occurrence (mm/dd/yyyy):	Place of Occurrence:

Please specify if it was as a result of: ❑ Illness ❑ Accident

If it was due to an illness, please specify if:

- Have you suffered from this illness, injury, or similar condition, or a relapse of it, prior to this event? ❑ YES ❑ NO
- Have you previously received treatment for this condition? ❑ YES ❑ NO
- If yes, please specify: _____

Describe in detail how the incident occurred

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V.- SERVICES AND COSTS

Please provide details of the costs and services; original invoices must be provided with this form.

Date of Service (mm/dd/yyyy)	Provide a description of the services, treatments, and procedures performed on each date	Charges / Paid Amount

VI-PAYMENT DETAILS / REIMBURSEMENT

Preferred Payment Method:	❑ Check ❑ Wire Transfer
Type of Account:	❑ Checking ❑ Savings
Account Holder Name:	
Beneficiary Address Registered in the Account:	
Account Number:	
Name of the Beneficiary's Bank:	
ABA / # Route (Beneficiary Bank in USA):	
Intermediary Bank (if applicable):	
Policy holder Signature:	
Date (mm/dd/yyyy):	

VII- AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

As evidenced by my signature below, I authorize any licensed physician, medical practitioner, hospital, clinic, or any medical or medically related establishment, insurance company, government agency, MIB, LLC ("MIB"), or any organization, institution, or person that has records or knowledge about me or my health and the health of my dependents named in the application to disclose such information to Redbridge Insurance Company, its affiliates, and reinsurers, including copies of records related to any advice, care, or treatment provided to me or my dependents, without limitation to information related to mental illness, drug use, and/or alcohol use.

A photocopy of this authorization shall be as valid as the original.

_____ _____

Insured's Signature Date (mm/dd/yyyy)

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Claim Form

INSTRUCTIONS FOR PROCESSING AND SUBMITTING A CLAIM

To file a claim for reimbursement, the following must be met by the insured:

- All assistance claims must be submitted in writing within thirty (30) days of the event.
- Submit the Claim Form, along with all required documents, to the Company within ninety (90) days of the event.

To initiate the registration or processing of a claim, you must:

- Submit your claim in writing.
- Send legible documents electronically, preferably in PDF format, to: travelclaims@redbridge.cc, or physically to the following address:
  Redbridge Network & Healthcare
  P.O. Box 144490, Coral Gables, FL 33114 EE.UU.
- For questions regarding the status of your claim, please write to: travelclaimstatus@redbridge.cc

For Customer Service, contact us at:

travelcostumerservice@redbridge.cc | **Tel: +1 (305) 537-1145 | Fax: (305) 232-8881** | www.redbridgeassist.com

REQUIRED DOCUMENTS: The following information will always be requested:
- Completed and signed **Claim Form**.
- **Photo of Driver's License or Passport**.
- Round-trip travel **tickets** (if there is no stamp in the passport).

When filing a claim related to medical benefits, please submit:
- A completed and signed Claim Form.
- A signed Authorization to Release Medical Information.
- Proof of travel, including copies of passport pages, itinerary, and round-trip tickets.
- Medical records, including the attending physician's notes, diagnostic tests, radiology reports, magnetic resonance imaging (MRI), and prescriptions.
- Original invoices and payment receipts that include: the insured's/patient's name, date of service, diagnosis and procedure, cost of service, and the name, address, and telephone numbers of the physician and/or hospital.

To file a claim related to hotel stay benefits, please submit:
- A completed and signed Claim Form.
- Invoices for the hotel reservation payment made in accordance with the policy and service terms. Bank statements are not acceptable.

In the event of a claim related to a return on a different date or a transfer, please submit:
- A completed and signed Claim Form.
- The unused portion of the ticket to Redbridge, provided the Company is required to pay the cost of a ticket, or any difference or penalty imposed by the carrier.
- All medical and non-medical documentation supporting the emergency that necessitated the insured's early return.

APPLIES TO THE FOLLOWING BENEFITS
- Transportation for a companion due to the policyholder's hospitalization
- Guaranteed return on a date other than the scheduled one
- Delayed return due to Covid-19
- Return of a companion aged 15 or younger, or an adult over 75 years of age
- Return due to the death of a family member
- Return due to catastrophic loss of permanent residence

If you are filing a claim related to funeral repatriation, please submit:
- The insured's death certificate.

If you are filing a claim related to legal assistance or bail bond expenses, please submit:
- Completed and signed Claim Form.
- Police report, court order, original attorney's invoice, and proof of payment.

If you file a claim related to a delayed or canceled flight and missed connection, please submit:
- Completed and signed Claim Form.
- Original invoices for expenses incurred and confirmation from the carrier accepting responsibility for the delay, cancellation, or missed connection.

In the event of filing a claim related to delayed or lost baggage, please submit:
- A completed and signed Claim Form.
- A Property Irregularity Report (PIR).
- A copy of the baggage tracking/identification tag.
- A statement from the carrier accepting responsibility for the lost or delayed baggage.

Note: This coverage will not apply if the carrier pays for the value of the baggage contents.

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INSTRUCTIONS FOR PROCESSING AND SUBMITTING A CLAIM (continuation)

To file a claim related to a lost passport, please submit:

- A completed and signed Claim Form.
- A sworn statement regarding the lost passport.
- Proof of payment for the passport replacement processing fee.

In the event of a claim related to the cancellation of a trip due to a catastrophic event (when the insured has not yet begun their trip), please submit original documentation that substantiates your claim:

- Proof of any advance payment made in relation to the total amount requested for reimbursement.
- Proof of any refund(s) or other concessions provided by the airline, cruise line, or other service provider, such as credit for future travel.

***Note**: If the trip cancellation is related to a positive COVID-19 test result and the insured is unable to travel due to quarantine, in addition to the above, please submit:*

- COVID-19 Vaccination Card with proof of complete vaccination schedule.
- Positive COVID-19 test result issued by a qualified medical laboratory.
- Resolution from the Ministry of Health, if required by the country.
- Documents and invoices for penalties charged for contracted services that the insured will not be able to use.

When filing a claim related to pet care, please submit the following:

- Original invoices and payment receipts that include: pet's name, date of service, diagnosis and procedure, cost of service; and the veterinarian's name, address, and phone number.
- The pet owner must present the pet's complete and up-to-date vaccination record. Pets under one year old must provide proof of having received their booster vaccinations.
- Legal documentation for international pet transport.
- Round-trip travel tickets for the pet owner.

IMPORTANT

Illegible or altered documents, copies of bank statements and/or credit cards are not accepted.