

Post Departure 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 Assigned Sex at Birth
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Primary Insured (Given Name, Family Name)		Primary Insured's date of birth (MM/DD/YYYY)	Member's Relationship to Primary Insured
			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Name of Plan Program Sponsor		Primary Insured's current mailing address	
Primary Insured's Email		Primary Insured's Phone Number	

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

Post Departure Trip Interruption coverage provides a benefit up to the maximum shown in the Schedule of Benefits if Your Trip is interrupted or must be discontinued for any of the following reasons:

- If, due to a covered illness or injury, which is so disabling as to cause a reasonable person to delay, cancel, or interrupt their Trip, We will pay for additional transportation expenses needed to reach the scheduled termination point of Your Trip or to travel from the place Your Trip was interrupted to the place where You can rejoin Your Trip.
- If You are diagnosed with or receive a positive test for an infectious disease that delays Your return to Your home destination due to restrictions placed on travel due to a possible exposure or Quarantine, and as a result, are unable to use Your previously booked return travel to Your home location, We will pay for Your return home from Your current location outside of the United States.
- For all instances named above, We will pay up to the amount shown on the Schedule of Benefits for the cost of a one-way economy class air fare ticket to reach your destination. Amounts paid will not exceed the cost of economy airfare by the most direct route on the next available carrier, less any Refunds or credits paid to You for unused tickets.
- If You must Quarantine while covered under this Certificate because You are diagnosed with or receive a positive test for an infectious disease, coverage for the reasonable expenses of lodging and meals necessarily incurred as a result of a Quarantine, will be covered up to the amount shown on the Schedule of Benefits under the Post Departure Trip Interruption/Lodging & Incidentals Benefit.

Alcohol and Tobacco products are not reimbursable expenses.

For the purposes of this benefit, Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of an infectious disease. An embargo preventing You from entering a country is not a Quarantine.

3. REIMBURSEMENT REQUEST – check all that apply

Transportation	<input type="checkbox"/>	Lodging & Incidentals	<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 Primary Insured		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

Third Party Reimbursement – All payments will be made to the Primary Insured if the 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 a Third Party Reimbursement Form from GeoBlue Member Services.

Authorization for Third Party Reimbursement 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, members must include the following documentation with this completed and signed claim form:

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

For claims related to expenses incurred due to required quarantine/isolation, one of the following is required:

- A statement from the treating physician specifying the nature of the illness/medical reason why your trip could not be continued and the requirement to quarantine/isolate. The statement should include quarantine period.

OR

- Documentation of government's requirement to quarantine/isolate. The documentation should include required quarantine period.

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.: **+1-610-263-2847**

Toll Free Within the U.S.: **1-844-268-2686**