

Version V09 Visitor to Canada Cancellation / Refund Request Form

Form must be completed in full by Insured OR Sponsor
A \$25 processing fee will be deducted from any amount refundable.

Policy No: _____ Named Insured(s): _____

Reason for Request: Early departure on (mm/dd/yy) _____
(check one) Obtained Government Health Ins on (mm/dd/yy) _____
 Denied travel Visa _____
 Other (please explain) _____

ANY POLICIES purchased as a mandatory requirement for a visa or entry permit application to IRCC:

- Full cancellation requests **MUST** be accompanied by visa refusal letter.
- Early return refund requests must be accompanied by **acceptable proof** (see below). Requests received more than 30 days after the date you want your coverage to end will be considered a **"retroactive refund request"** (see below).

POLICIES that were not purchased to satisfy a mandatory insurance requirement:

- Cancellation requests for non-arrival received prior to or within 7 days of the effective date require no other documentation other than this completed form. Cancellation requests for non-arrival received more than 7 days after the effective date will be considered a **"retroactive refund request"** (see below).
- Early return refund requests must be accompanied by **acceptable proof** (see below). Requests received more than 30 days after the date you want your coverage to end will be considered a **"retroactive refund request"**.

"Acceptable Proof" means:

- For early return to **country of origin** - boarding pass(es) **or** ticket/itinerary **plus** stamped passport pages.
- For any **"retroactive refund request"** - proof that you were not in Canada during the specified time. May include copies of all pages of passport. Without acceptable proof, requests are processed as at the date received.
- When government health insurance has been obtained – an official government document clearly showing the date your coverage commences.
- For a denied travel visa - a copy of the refusal letter from IRCC.

If your premium was paid by credit card, please provide full card details:

Card No: _____ Expiry date: _____ / _____

(We can only refund to the same card used to purchase policy) Cardholder Name: _____

Declaration and Signature (check one of the options below):

- I purchased my insurance under the Monthly Payment Option; or
- I paid for my policy in full at the time of application. I hereby declare that no claim has been paid or denied on this policy and that no claim will be submitted, or
- I paid for my policy in full at the time of application. I have reported a claim that has not yet been denied or paid. I wish to withdraw this claim to apply for this refund, or
- I paid for my policy in full at the time of application. I have reported a claim that has either been denied or paid. I wish to withdraw this claim to apply for this refund and I agree to the deduction of any amount(s) paid plus the claims handling fee of \$300 per paid claim or \$500 per denied claim from my refund.

I hereby declare that this cancellation request will not reduce or eliminate insurance that has been submitted to the Government of Canada as proof of coverage and which should remain in force to comply with the requirements of any visa.

Name _____ I am (check one) Insured Sponsor

Signature _____ Date _____

E-mail / Phone / Fax _____

(Head Office Use Only)

Refunded by: Credit Card Agent Chq from 21st C // Proof of depart / visa denial provided on _____ (date) recorded by _____ (initials)
Refund Processed on (date) _____ Refund Amount \$ _____ (\$ _____ less \$25 processing fee)