



Travel Inconvenience Claim Form – Cancellation, Interruption & Replacement, Rearrangement or Trip Delay

The claimant should complete and sign this form. If the claimant is under 18 years of age, this form should be completed by one of their parents or legal guardians.

NEW YORK FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Part 1 – Details Of The Policyholder and Claimant

Details of the Policyholder (Insured Company)

Policy Number: GLB 0009159732

Name of Insured Company: General Conference of Seventh Day Adventists

Work Location of Claimant: _____

City: _____ State: _____

Country: _____

Details of the Claimant (Person Who Suffered the Accident or Illness)

Claimant's Full Name: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Social Security (US Employee): _____

Employee ID Number (Non-US): _____

Occupation: _____

Part-Time Employee Full-Time Employee Other (please explain) _____

If the claimant is a spouse or child of an employee, please provide name of employee:

Part 2 – Details Of The Claim

Travel Destination: _____

Scheduled Travel Dates From: ____ / ____ / _____ To: / ____ / _____

Travel Order Number (if applicable): _____

Reason for Travel Business Trip

Country the Loss Occurred: _____

Please Complete the Sections Which Apply:

A. Details of Cancellation, Interruption or Replacement (If Applicable)

Reason for Cancellation (strike, weather, injury, sickness or death, etc.) *If due to an illness, please also fill in Section D:*

Total cost of trip: _____

Date Travel agent/Tour operator/Airline notified of Cancellation (if applicable): ____ / ____ / ____

What refund, if any, has been made or to be made to you by your Travel agent/ Tour operator/ Airline?: _____

What is the amount of your claim?: _____

B. Details of Trip Rearrangement (If Applicable)

Reason for altering trip arrangements (failure of conveyance to reach point of departure, loss or theft of travel documents, etc.)?: _____

Additional Expenses Incurred? Include description of item and amount. _____

Date Travel agent/Tour operator/Airline notified of Cancellation (if applicable): ____ / ____ / ____

What refund, if any, has been made or to be made to you by your Travel agent/ Tour operator/ Airline?: _____

What is the amount of your claim?: _____

C. Details of Travel Delay (If Applicable)

Original date and time: _____

New date and time: _____

Reason for Delay: _____

Departing airport, station or port (or transit airport, station or port if delay occurred in transit): _____

Flight /Train/Ship Number: _____ Flight/Train/Ship Operator: _____

Total time delayed at airport, port or station (days, hours): _____

D. Details of Illness or Injury Which Prevented You From Travelling or Caused Travel Alteration (If Applicable)

Date and time injury or illness contracted: _____

Place of injury or illness: _____

Nature of injury or illness: _____

How was the injury sustained or the illness contracted?: _____

Have you had the same illness/condition before?: Yes No

If Yes, provide dates: _____

Address and contact details of qualified medical professional who confirmed you can't travel or have to alter travel plans:

Was the Assistance Company contacted? (Travel Guard®): Yes No

If Yes, provide dates: _____

If Yes, provide reference number: _____

Does another company insure the expenses you're claiming?: Yes No

If Yes, provide details: _____

Part 3 – Declaration

I declare that the whole of the statements made and any other supplementary statements forming part of this claim are true in every respect and understand that a false declaration may invalidate my claim and could result in prosecution. I give permission for my personal information to be used and shared in the ways described above. I confirm that I will not provide any personal information about another person without that person's permission.

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Claimant Or Authorized Person's Signature: _____

Date: _____

Details of the Person Completing the Form (If Not the Claimant)

Full Name: _____

Telephone Number: _____

Email Address: _____

Relationship to Claimant: _____

Reason for Completing Form on Behalf of Claimant: _____

Please include the following documents:

- Original travel arrangements documentation (flights, accommodation, pre-paid excursions, car hire, etc)
- Medical certificate issued by doctor who confirmed inability to travel or to continue to travel
- Unused portion of travel arrangements (accommodation, flights, pre-paid excursions) in case of cancellation, interruption, replacement or rearrangement of travel plans
- Letter from carrier or airport authority confirming the scheduled time and date of departure, the actual time of departure and the reason for the delay (if you are claiming a travel delay benefit)
- Receipts for essential purchases made

The issue of this form does not constitute an admission of liability under the policy.

To help us process your claim quickly, please make sure all sections are completed in full and all requested documents are emailed or mailed to us.

Email: claims@adventistrisk.org

Mail: Adventist Risk Management, Inc. Claims and Legal Services
12501 Old Columbia Pike Silver Spring, MD 20904 USA

Phone: 1 (888) 951-4ARM (4276)

Fax: (301) 453-7060

Fraud Statements

FOR USE ON ALL APPLICATIONS AND CLAIM FORMS

ALABAMA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ALASKA: A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

ARIZONA: FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DELAWARE: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IDAHO: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INDIANA: A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MINNESOTA: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW HAMPSHIRE: ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20.

NEW JERSEY: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA, AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

TEXAS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. and The Insurance Company of the State of Pennsylvania. AIG Claims, Inc. is an authorized claims administrator for National Union Fire Insurance Company of Pittsburgh, Pa. and The Insurance Company of the State of Pennsylvania.



View the U.S. Privacy policy at www.aig.com/privacy-policy.

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