

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | pac.bluecross.ca

i Please read instructions on reverse before submitting this form. Ensure you have completed all sections. Enclose all original receipts. Keep a copy of the receipts for your records. For help completing this form, please call us at 604 419-2000 or toll free 1 877 PAC-BLUE.

PART 1 — MEMBER INFORMATION

Please check:
 Trip cancellation Trip interruption Emergency return Baggage loss Baggage delay

Plan member's first name		Plan member's last name		Birthdate (mm-dd-yyyy)
Relationship to claimant	Plan # and certificate #	ID # (if applicable)	Coverage purchase date (mm-dd-yyyy)	
Plan member's address			Postal code	Daytime phone number (10 digits)

PART 2 — CLAIMANT INFORMATION

Claimant's first name	Claimant's last name	Birthdate (mm-dd-yyyy)
Claimant's first name	Claimant's last name	Birthdate (mm-dd-yyyy)
Claimant's first name	Claimant's last name	Birthdate (mm-dd-yyyy)

PART 3 — TRIP CANCELLATION/INTERRUPTION/EMERGENCY RETURN INFORMATION (if applicable)

1. Describe the circumstances which resulted in the cancellation or interruption of your trip:

2. If you cancelled or your trip was interrupted due to the illness/death of family member, please state your relationship to the ill/deceased family member:

3. Dates travel tickets purchased (mm-dd-yyyy)

4. Dates of the cause of cancellation or interruption of your trips (mm-dd-yyyy)

5. Dates travel agent/airline notified (mm-dd-yyyy)

6. Amounts claimed:

PART 4 — PLAN MEMBER'S STATEMENT (to be filled out if the cancellation is due to medical reasons only)

i I certify that the information on this form is true, correct and complete to the best of my knowledge.

Date of treatment (mm-dd-yyyy)	Details of illness/injury			
Name of clinic or hospital	Was the patient hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please specify admission and discharge dates	Date from (mm-dd-yyyy)	Date to (mm-dd-yyyy)
Plan member's signature X			Date (mm-dd-yyyy)	

PART 5 — OTHER COVERAGE

Does the claimant have any other coverage which may consider these changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel insurance name		
Phone number (10 digits)	ID/policy #	Address	
Did you submit a claim to the above carrier regarding this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please provide an Explanation of Benefits from this carrier in order to proceed with the claim		

PART 6 — BAGGAGE LOSS/DELAY INFORMATION (if applicable)

Date of departure (mm-dd-yyyy)	Date of return (mm-dd-yyyy)	Date travel tickets purchased (mm-dd-yyyy)	Country of destination	
Describe circumstances (*)	*List of lost/stolen items (Baggage loss only)		*List of expenses incurred (Baggage delay only)	
	Item	\$	Item	\$
	Total		Total	

* Please see below for related supporting document requirements.

PART 7 — MEMBER CONSENT AND DECLARATION

IMPORTANT: This section must be signed before submitting your claim.

I certify that the information given on this form is true, correct, and complete to the best of my knowledge. I authorize Pacific Blue Cross to obtain/provide information from/to the provincial medical plan, any doctor, hospital, clinic, person, institution, or other carriers that may have a responsibility in this claim. I also authorize Out of Country Claims, Medical Services Plan, to provide/obtain information to/from the travel insurance or extended health care company that I have named. This is my application for benefits under the Medicare Protection Act and the Hospital Insurance Act.

Pacific Blue Cross does not return receipts. Please save our "Explanation of Benefits" for income tax purposes. If you also have coverage with another insurance company, make photocopies of all receipts before sending the originals to Pacific Blue Cross.

Member's signature X	Date (mm-dd-yyyy)
Parent's signature or parent/guardian if claimant is a minor X	Date (mm-dd-yyyy)

How to claim out of province trip cancellation/baggage expenses

Please complete this form in full. Keep copies of bills or receipts for your records. Prior to submitting, all original bills or receipts must be itemized and translated to English/French.

Supporting documents required for claiming Trip Cancellation or Interruption

These include: Medical certificate with diagnosis (if applicable), Original air tickets.

- Proof of payment.
- Proof of cancellation (i.e. Written confirmation from travel agent, airline, train/bus ticket etc.).
- Death certificate (if applicable).
- Original letter of termination indicating the start and termination date (if applicable).
- Confirmation from the property insurance company listing extent of damage to uninhabitable principal residence or place of business (if applicable).

Supporting documents required for Baggage Loss/Delay

- Written confirmation from travel authority (airline, travel agency, cruise ship liner etc.) that the baggage has been lost or delayed.
- List of lost/stolen items with dollar values (on claim form).
- Receipt for toiletries, clothing purchased due to baggage delay.