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- ⚠️**
- Please ensure that all areas of this form are completed in full to avoid any delays in your reimbursements;
 - All claims must be received by MSH INTERNATIONAL within 90 days following the date the expense was incurred.
 - No claims will be paid, directly or indirectly, in contravention of any restrictions imposed for example by the United Nations, the Office of Foreign Assets Control (OFAC) from the U.S. Department of the Treasury or the European Union, in respect of countries subject to sanctions.

GROUP NAME: INSURE2STUDY			
NAME (first and last):		DATE OF BIRTH (mm/dd/yy):	
POLICY NUMBER:			
STREET ADDRESS:			
CITY:	STATE/PROVINCE:	COUNTRY:	POSTAL/ZIP CODE:
EMAIL:		PHONE (include country code):	CERTIFICATE NUMBER:
HOST COUNTRY:	DEPARTURE DATE (mm/dd/yy):	RETURN DATE (mm/dd/yy):	

TYPE OF LOSS		Date loss occurred (mm/dd/yy):
<input type="checkbox"/> Lost <input type="checkbox"/> Damaged		
Describe how and where the loss occurred:		
To whom was loss reported (please attach a copy of the report & communication):		
<input type="checkbox"/> Airline <input type="checkbox"/> Cruise Line <input type="checkbox"/> Bus Line <input type="checkbox"/> Hotel <input type="checkbox"/> Police <input type="checkbox"/> Other, please specify: _____		

SCHEDULE OF ITEMS LOST OR DAMAGED					
Attach a separate sheet if needed.					
Description of item claimed	Quantity	Owner of the item	Date purchased	Purchase price (USD)	Estimated repair cost or actual cash value
1.				USD	
2.				USD	
3.				USD	
4.				USD	

OTHER INSURANCE COVERAGE		
Do you have insurance benefits available through homeowner's insurance, automobile insurance or any other source?		
<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details below.		
Plan	Name and address of the insurance company	Owner of the item
Homeowners Insurance		
Tenants Insurance		
Travel Insurance (other than Lloyd's)		
Other		

Have you claimed from any other party?
 Yes No. If yes, please provide details below. **If yes, please attach a copy of their settlement or denial.**
If you did not report the loss, please provide an explanation:
CLAIM PAYMENT INFORMATION
I understand it is my responsibility to advise MSH INTERNATIONAL of any changes in banking information.
Please indicate if you would prefer to receive your claim payments via:
 Cheque to the address as indicated on the previous page.
 Wire Transfer. (for wire transfer payments, please attach a void cheque and provide the bank account details as required by the receiving bank).

BANK INFORMATION

Beneficiary Bank Name	
Bank Identification Number	
Address of Beneficiary Bank	
Currency of Bank account	
Swift Code	

BENEFICIARY INFORMATION

Beneficiary Account Number	
Beneficiary Name	
Beneficiary Address	
ABA Code (accounts in the USA)	
Swift Code (all other accounts)	

Please note, your bank may charge you fees to receive a wire transfer. Any fees charged by the receiving bank are the responsibility of the beneficiary.

I hereby warrant the truth of all statements on this form and give MSH INTERNATIONAL permission to contact the medical attendants directly, if required. I agree to supply further information, medical or otherwise, required to complete the assessment of these claims.

Signature	Date (mm/dd/yy)
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At MSH INTERNATIONAL, we recognize and respect the importance of privacy. When you submit a claim, the insurers establish a confidential file that is kept in the offices of the insurers or the offices of an organization authorized by the insurers. We limit access to information in your file to insurer staff and/or the insurers who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use this information for the purpose of assessing your claim and administering the group benefits plan. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act*.

Submit claims to:

MSH INTERNATIONAL
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