

NORTH & SOUTH AMERICA
MSH INTERNATIONAL
Suite 300, 999 – 8th Street S.W.
Calgary AB, T2R 1N7
CANADA
Tel: +1 403 537-8823
Fax: +1 403 265-9425
claimsameric@msh-intl.com

EUROPE
MSH INTERNATIONAL
82 rue Villeneuve
92587 Clichy cedex
FRANCE
Tel: +33 (0) 1 44 20 82 20
Fax: +33 (0) 1 44 20 99 03
claimseurope@msh-intl.com

MIDDLE EAST & AFRICA
MSH INTERNATIONAL
DIFC, Liberty House
Office 304
P.O. Box 506537
Dubai UNITED ARAB EMIRATES
Tel: +971 4 365 1308
Fax: +971 4 363 7327
claimsmea@msh-intl.com

ASIA
MSH INTERNATIONAL
East Unit, 5th Floor
North Tower, Building 9
Lujiazui Software Park
No. 20, Lane 91 E Shan Road, Pudong
Shanghai P. R. CHINA 200127
Tel: +86 21 6187 0595
Fax: +86 21 6160 0153
claimsasiam@msh-intl.com



- 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):	
CLAIM DETAILS			
Reason for cancellation (If the reason for cancellation is medically related, please attach a Physician's statement for the person whose condition caused the cancellation of the trip):			
If the cancellation has been caused by a person not travelling and not insured on your policy, please state the relationship of that person to you:			
Date you cancelled your trip (mm/dd/yy):			
Total Deposit paid:		Date paid (mm/dd/yy):	
Total Balance paid:		Date paid (mm/dd/yy):	
Total Amount refunded:		Date refunded (mm/dd/yy):	
Total Amount claimed:			
Have you made any cancellation claims prior to this claim?			
<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details below.			
Do you have any travel insurance other than with this policy?			
<input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide details below.			

ASSIGNMENT OF BENEFITS

If you are authorizing reimbursement to another party, please complete this section:

NAME OF PARTY:	SIGNATURE OF PRIMARY INSURED:
DATE (mm/dd/yy):	

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)
------------------	------------------------

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
 300, 999-8th Street S.W.
 Calgary AB Canada T2R 1N7