

Visitor to Canada Cancellation / Refund Request Form

Form must be completed in full by Insured OR Sponsor (*incomplete forms will be returned*)
A \$25 processing fee will be deducted from any amount refundable.

Policy No: _____ Named Insured(s): _____

Reason for Request: Early departure on (date) _____
(check one) Obtained Government Health Ins on (date) _____
 Denied travel Visa
 Other (please explain in "Remarks" below)

Remarks: _____

For **SUPER VISA POLICIES**: ALL cancellation/refund requests MUST be accompanied by visa rejection letter or proof of departure (boarding pass(es) or ticket/itinerary plus passport pages)

For **NON-SUPER VISA POLICIES**: if you are requesting that we issue this refund retroactively (with a cancellation date prior to the date of this request), acceptable proof must be submitted as follows:

- Early departure for Visitor policies - Proof of the date you returned to country of origin (boarding pass(es) or ticket/itinerary plus stamped passport pages)
- GHIP obtained - Proof of the date your Canadian Government Health Insurance took effect.
- Denied travel visa – Copy of visa denial letter if travel insurance was a requirement.
- Other: explanation of extenuating circumstances (*copy of full passport is required to prove non-arrival*).

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 three options below):

- I paid for my policy in full at the time of application and I hereby declare that there has been no claim reported on this policy and that no claim will be submitted, or
- I paid for my policy in full at the time of application and have reported a claim that has not yet been denied or paid. I wish to withdraw this claim to apply for this refund and I agree to the deduction of the \$250 fee from my refund, or
- I purchased my insurance under the Monthly Payment Option.

I hereby declare that this request to cancel this policy will not reduce or eliminate medical insurance that has been submitted to the Government of Canada to comply with the requirements of any type of visitor's visa, work or student visa, sponsorship visa or Super 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)

21st Century Travel Insurance Limited

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Form VRR-1407