GlobalExcel®

VISITORS TO CANADA TRAVEL INSURANCE
CLAIM FORM

Please send your claim to:
Global Excel Management Inc., 73 Queen, Sherbrooke, Qc J1M 0C9

Contract/Policy No.: _____

Claim No.: _____

IMPORTANT: You must complete all sections of the form so the evaluation of the claim can proceed without delay. It may be returned to you if the information is incomplete or incorrect.

SECTION A PATIENT INFORMATION

Last Name	First Name bnmbnbn	Date of Birth	M D Y
Address in Canada			Apt.
City	Province	Postal Code	
Telephone ( )	E-mail		
Family doctor in the country of origin	Name		
	Address		Telephone ( )
Contact person name in Canada			Telephone ( )
Address			

Reason for consultation or diagnostic

Is this reimbursement request the result of an accident? ☐ Yes ☐ No

Accident type: ☐ Work ☐ Car ☐ Other If other, what type:

If this is for a work related accident:

Employer Telephone ( )

Contact Person Name

If this is for a car related accident

Insurance Company Name of the car(s) involved Telephone ( )

Policy and/or file #:

SECTION B INFORMATION RELATING TO YOUR VISIT TO CANADA

Your Passport No.:	Visa No.:		Visa-type and length:
Country of residence/origin:	Date of arrival to Canada	M D Y	Scheduled return date M D Y
Airline:	Airline ticket no.:		Point of entry into Canada:

SECTION C OTHER INSURANCE

❶ Are you covered by U.S. Medicare? ☐ YES ☐ NO

❷ Do you have group (employee/retiree) benefits? ☐ YES ☐ NO

If YES, please continue, otherwise proceed to question 3.

Your Group Benefits are provided by (check all that apply): ☐ Your employer ☐ Your spouse's employer ☐ A retiree plan

Name of employee/retiree: _____ Name of employer/group: _____

Group no.: _____ ID no. and/or Cert no.: _____

Name of insurance company: _____

Does the policy have a lifetime maximum? ☐ YES ☐ NO If YES, indicate lifetime maximum $ _____

50 36 CLM ECA 1208 VTC

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM ➘

SECTION C — OTHER INSURANCE (continued)

❸ Do you have benefits provided by (check all that apply): ☐ Health insurance ☐ Home insurance ☐ Auto insurance ☐ Other

Name of insurance company: Policy/ID no.:

❹ Do you have a credit card coverage? ☐ YES ☐ NO

If YES: Card no. Bank Name:

AS INDICATED IN YOUR POLICY, YOUR TRAVEL INSURANCE PLAN PROVIDES COVERAGE IN EXCESS OF ANY OTHER APPLICABLE INSURANCE (INDIVIDUAL, GROUP OR GOVERNMENT). FOR GLOBAL EXCEL MANAGEMENT INC., TO SEEK REIMBURSEMENT FROM THESE SOURCES YOU MUST COMPLETE THE FOLLOWING SECTION D.

SECTION D — AUTHORIZATION AND RELEASE

1. I assign to Global Excel Management Inc. any indemnity obtainable from other sources for covered losses under this policy. I also direct these sources to forward payment to Global Excel Management, Inc. for my claims submitted by Global Excel Management Inc. with regard to these losses and to exchange information that facilitates this process.
2. I authorize any hospital, physician, or medical facility to send my medical information to Global Excel Management Inc., authorized representatives of the Insurer. I further consent to the disclosure of this information by Global Excel Management Inc. to other sources as may be required to obtain benefits from other sources.
3. I warrant that neither I nor any insured person have any additional coverage through any other insurer (other than that listed above).
4. I understand that my insurance shall be void if, whether before or after the loss, any person has concealed or misrepresented any fact or circumstance concerning this claim.

Patient's or Authorized Person's Signature _____ **Date**_____

SECTION E — REIMBURSEMENT

If the bills have been paid by a person other that yourself, and you want the reimbursement to be issued to this person, please provide the name and address of this person and sign below:

Name: _____ Relationship: _____

Address

#, Street: _____ Apt.: _____ Telephone: _____

City: _____ Province: _____ Postal Code: _____

Patient's or Authorized Person's Signature: _____ **Date:** _____

For claim inquiries, call Global Excel Management Inc. at 1-800-336-9224 or 819-566-8698.

Send your claim form and your original bills or receipts to:

Global Excel Management Inc.
73, Queen Street
Sherbrooke (Québec) J1M 0C9

FOR COMPANY USE ONLY

Fraud Verification A: **Fraud Verification B:**