

# Refund Request Form

Allianz 

Global Assistance

## PLEASE COMPLETE IN FULL AND ATTACH ALL REQUIRED DOCUMENTS\*

A separate form must be completed for each policy

(\* Incomplete request form and/or insufficient documents may cause delay in your refund)

### IMPORTANT NOTES:

- Premium will not be refunded if a claim has been made.
- Refund amount less than the minimum premium will not be issued.
- Refunds for any policy purchased by credit card more than six (6) months prior to the refund request date may be issued to the Insured by cheque. To ensure prompt processing, please provide the payee's name and mailing address.

(\* Please note required documents may include sensitive personal information. Collection of this personal information will only be used for the purpose to issue a refund.

Insured(s) Name(s) \_\_\_\_\_

Policy Number \_\_\_\_\_

Prior to Departure     After Departure

### PROVIDE THE REASON(S) FOR YOUR REFUND REQUEST:

(Please refer to the Premium Refunds section of your policy booklet for the complete list of valid reasons, limitations, conditions and required documents that apply to your insurance plan.)

### CLAIM WAIVER (to be signed by insured)

I/we declared that I/we have not made a claim, nor will I/we make any claims against Policy Number \_\_\_\_\_ . In consideration of a refund, I/we hereby surrender all rights and privileges that I/we may have pertaining to the above cited Policy, effective MM/DD/YYYY .

I/we consent to the collection of our personal information for the purposes of issuing a refund. I understand I can request my personal information to be deleted at any time by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca)

Refund Payable to (please print): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Name	Signature	Date completed
------	-----------	----------------

THIS SECTION ONLY TO BE COMPLETED BY TRAVEL AGENT/ADVISOR

Signature of Travel Agent/Advisor	Agency code	Policy number
-----------------------------------	-------------	---------------

Notes: \_\_\_\_\_

Refund request forms can be scanned, along with required documents and emailed to Agency Services at [info@allianz-assistance.ca](mailto:info@allianz-assistance.ca) or by Toll-free fax at 1-866-694-8032.