

**CLAIMS PROCESS**

- A. Complete both pages of the Claim Form;**
- B. Sign the *Agreement and Authorization* section;**
- C. Compile a list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing;**
- D. Send all duly completed forms as well as any other required documents to Alberta Blue Cross.**

By email:  
[bluecross@canassistance.com](mailto:bluecross@canassistance.com)  
 Send all scanned documents and keep originals

By regular mail:  
 Alberta Blue Cross, Travel Claims Department  
 PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7

TRAVEL PLAN ID NUMBER

FILE NUMBER (Optional)

**Primary plan member**

Last name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
First name		Date of birth Year      Month      Day	
Email	Telephone 1	Telephone 2	
Mailing address No      Street	Apt.	City	Province      Postal Code
Is the primary plan member submitting a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Claimants (other than Primary plan member)**

Spouse last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year      Month      Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year      Month      Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year      Month      Day
Dependant child last name	First name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Year      Month      Day

**Consent and Authorization**

I certify that the information contained in this and other documents supporting this claim is true and complete. By submitting this form, I understand I am requesting payment for the listed expenses, in accordance with my benefit plan guidelines. I understand that the expenses listed may not be covered by, or may exceed, my plan benefits.

I understand that the personal information provided on this claim form, as well as any other personal information held by Alberta Blue Cross or its travel assistance provider CanAssistance and affiliates may be used or disclosed to administer my travel coverage and verify, assess and pay claims and audit or verify paid claims. I hereby acknowledge and agree that Alberta Blue Cross or its travel assistance provider CanAssistance and affiliates may collect personal information about me and my plan dependents from licensed physicians and/or any other healthcare professionals or institutions, health benefits or insurance companies, government programs and other third parties for the purposes outlined above and may disclose my personal information to these parties for the same purposes.

Specifically, by completing the insurance claim consent and authorization form, I authorize Alberta health, Alberta Blue Cross and Alberta Blue Cross' travel assistance provider CanAssistance and its affiliates to exchange all pertinent health information about me for the purposes stated above.

I understand that my personal information will be kept confidential and secure.

I understand that I may revoke my consent at any time and acknowledge that should I do so, my claim may not be considered. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I authorize any health benefits or insurance companies to release payments to Alberta Blue Cross or Alberta Blue Cross' travel assistance provider CanAssistance and its affiliates and for Alberta Blue Cross or Alberta Blue Cross' travel assistance provider CanAssistance and its affiliates to release pertinent payments to other parties for the purposes of processing my travel coverage claims.

By signing this form, I acknowledge I have read and understood the acknowledgement and consent and authorization of payment, and agree to the collection, use and disclosure of my personal information as described above.

Signature of Primary plan member or legal heir: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse if he or she is claiming: \_\_\_\_\_ Date: \_\_\_\_\_

09CAN0049A (19-07)

FOR OFFICE USE

**Information about the incident**

Type of claim  Damage  Delay  Loss  Theft

Place of incident (city and country)			Date of incident Year   Month   Day		
Destination	Airline	Date of departure Year   Month   Day		Date of return Year   Month   Day	
Number of checked baggage	Number of lost or delayed baggage	Number of hours delayed		Date baggage was received Year   Month   Day	
Did you report the incident to the police, the airline company or any other authority? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Other Insurance**

Do you, your spouse or child have another travel insurance?  YES  NO If so, please provide the following information.

<b>Group Insurance:</b>	
Policyholder _____	Insurance Company _____
Policy number _____	Company phone number _____
Identification number _____	
<b>Travel Insurance with a Credit Card Company:</b>	
Cardholder _____	Financial institution _____
Card number _____	
<b>Other Travel Insurance:</b>	
Policyholder _____	Insurance Company _____
Policy number _____	Company phone number _____
Have you already initiated a claim? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please indicate the file number: _____	

**Essential Documents to Submit**

**For all claims:**

- The « Baggage Claim Form » duly completed and signed;
- Detailed list of stolen or damaged items or, in case of delayed baggage, a list of necessary toiletries and clothing;
- A letter detailing your version of events and circumstances leading to the claim;
- Detailed invoice(s) of your travel arrangements (travel agency or e-agency);
- Electronic airline tickets and labels confirming baggage check;
- If baggage is covered by a credit card insurance, account statement(s) proving the entire costs of transportation (and if applicable, accommodation expenses) have been paid with the credit card;
- **According to the event giving rise to the claim:**
  - Police or other competent authority's report regarding the theft;
  - Airline company's report regarding the theft, loss, damage or delay of baggage;
  - Purchase receipts for stolen or damaged items or purchase receipts for necessary toiletries and clothing in case of delayed baggage;
  - Irregularity Report issued by the air carrier;
  - Letter of settlement (payment) or denial of the airline company.

An incomplete claim may cause additional delays in processing your file. If you can't submit all requested documents, please provide us with an explanation in a letter attached to your claim. We reserve the right to request the original documents or additional information if needed. Please keep a copy of your supporting documents for your records.

Should you have any questions about your coverage or the claims process, please contact our customer service toll-free at 1-888-772-2583 or at 1-403-225-4289 Monday through Friday, from 8:30 am to 8:00 pm (EST).

