



CLAIMS MAILING ADDRESS
ATTENTION: Health Special Risk, Inc.

Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, Texas 75024
972-512-5600, Fax 972-512-5820
Toll Free: 866-523-3199

Policy Name:

Policy Number:

- 1. PLEASE FULLY COMPLETE THIS FORM
2. ATTACH REQUIRED DOCUMENTATION
3. MAIL, FAX OR EMAIL TO HSR

E-MAIL: CHUBB@hsri.com

TRIP CANCELLATION / TRIP INTERRUPTION / TRIP DELAY / MISSED CONNECTION

SECTION 1 - INSURED

Type of Loss (check one): Trip Cancellation Trip Interruption Trip Delay Missed Connection

Claimant's Name (Insured):

Starr Policy #: Date of Birth: Date of Incident:

Home Address:

Phone #: Email Address:

SECTION 2 - TRIP

Date of Initial Trip Deposit: Scheduled Departure Date: Scheduled Return Date:

Scheduled Departure Location: Scheduled Return Location:

Travel Agency Agent's Name

Address Telephone

Cruise Line/Tour Operator Booking Reservation No.

Address Telephone

If your reason for this Claim is due to a Trip Delay, please provide the length of time and reason for the Delay:

If your reason for this Claim is due to a Missed Connection, please provide the length of time and reason for the Missed Connection.

Was the reason for the Trip Cancellation, Interruption, Delay or Missed Connection of a Medical or Non-Medical Nature?

Yes No

If Yes, please complete the following section and include the Physician Statement Form completed by the Attending Physician.

(See Claim Documentation Requirements for additional supporting medical documents)

If No, fully describe the detail in circumstances causing the Cancellation, Interruption, Delay or Missed Connection of your trip.

Name of Patient: Relationship to Insured:

Are you a U.S. Citizen? Yes No If not, Place or Residence:

Home Address of Patient:

Date Condition First Appeared: Date First Consulted Physician:

Location Where Condition Occurred:

Give Nature of Sickness/ Injury (Diagnosis):

Fully Describe How Sickness/ Injury Occurred:

Was there Previous Treatment for this Condition prior to the purchase of this Policy? Yes No

If Yes, When? _____

Name of Physician Who First Treated This Condition: _____

Physician Address: _____

Physician Specialty: _____ Phone #: _____ Fax #: _____

Name of Other Physician Who Has Treated This Condition: _____

Physician Address: _____

Physician Specialty: _____ Phone #: _____ Fax #: _____

Name of Patient's Primary Care Physician: _____

Primary Physician Address: _____

Primary Physician Phone #: _____ Fax #: _____

Name of Hospital (if hospitalized): _____

Hospital Address: _____

Date of Admit: ___/___/___ Date of Discharge: ___/___/___ Hospital Phone #: _____

If Injury was a result of an Accident, was a report filed? Yes No If Yes, provide a copy of the Report.

SECTION 3 – PROOF OF LOSS

Unused Airfare and Cancellation Penalties \$ _____

Do you intend to use the value of your Unused Ticket within One Year from the Date of Issuance? Yes No

Unused Land/ Sea \$ _____

Unused Tour(s) \$ _____

Additional Meals and Accommodations \$ _____

Cancellation Penalties/ Non-Refundable Fees \$ _____

Total Expenses \$ _____

Subtract Refunds/ Reimbursements \$ _____

Total Amount of Claim \$ _____

SECTION 4 - AUTHORIZATION

Any person who knowingly and with intent to defraud any insurance company or other persons, for example by filing a statement of claim which contains any materially false, incomplete or misleading information, is committing a fraudulent insurance act, and is therefore subject to criminal prosecution and civil penalties.

I have read the foregoing and the answers provided are true and complete to the best of my knowledge.

Claimant's Signature _____ Date _____

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

NOTE TO INSURED:

- PLEASE BE SURE TO INCLUDE THE **PHYSICIAN STATEMENT FORM** COMPLETED BY THE ATTENDING PHYSICIAN **IF** CANCELLING THE TRIP OR TRIP WAS INTERRUPTED FOR A MEDICAL REASON.
- PLEASE COMPLETE AND RETURN THE CLAIM FORM(S) ALONG WITH THE **CLAIM DOCUMENTATION REQUIREMENTS** TO THE CLAIMS MAILING ADDRESS LISTED BELOW AND TO THE ATTENTION OF **CLAIMS TEAM.**

PHYSICIAN STATEMENT FORM

TO BE COMPLETED BY PATIENT:

DATE: _____

Name of Patient: _____ Relationship to Insured: _____

Starr Policy #: _____ Date of Birth: _____ Social Security #: _____

Home Address: _____

Phone #: _____ Email Address: _____

TO BE COMPLETED BY ATTENDING PHYSICIAN:

Physician Name: _____

Physician Address: _____

Physician Tax ID#: _____ Phone #: _____ Fax #: _____

Did you perform a physical examination of the Patient? Yes No If Yes, When? _____

Did you advise the Patient to cancel or interrupt their trip? Yes No If Yes, When? _____

Please advise the diagnosis and reason why you advised the Patient to Cancel or Interrupt their trip:

Date symptom(s) first appeared: _____ Date Patient initially consulted for this condition: _____

Please list all dates that you provided treatment for this condition: _____

Have you ever treated the Patient for this condition before? Yes No If Yes, When? _____

Is the condition a complication of an underlying condition? Yes No

Do you know if the Patient has been treated by any other Physician or Specialist for this condition? Yes No

If Yes, provide the name and address of Physician or Specialist _____

Was the Patient referred to you by another Physician or Specialist? Yes No

If Yes, provide the name and address of Physician or Specialist: _____

ICD-10 Code: _____

Was the Patient ever hospitalized for this condition? Yes No

Name and Address of Hospital: _____

Date of Admit: _____ Date of Discharge: _____ Hospital Phone #: _____

Additional Comments: _____

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY OR OTHER PERSON, WHO FILES A STATEMENT OF CLAIM CONTANING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

New York Fraud Warning Notice: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have read the foregoing and the above information is true and complete to the best of my knowledge.

Print Name of Physician

Signature of Physician

Date

HOW TO FILE A CLAIM

Listed below are important instructions and comments about filing a claim.

- Completed and signed Claim Form
- Completed and signed Physician Statement Form
- E-Ticket receipt or original paper ticket from airline
- Statement from common carrier stating the reason for delay or missed connection, date of delay or missed connection and time length of delay or missed connection.
- Statement from travel supplier and/or common carrier advising amount of refund(s) or penalties incurred on the unused, non-refundable travel arrangements
- Proof of any refund(s) received (copy of check, credit card statement, bank statement, invoice from travel supplier showing amount refunded).
- Proof of trip payment (copy of check, credit card statement, bank statement)
If cash payment was made, provide receipt from travel supplier/agent showing the date and payment amount.
- Copy of trip itinerary
- Proof from airline of remaining value for all unused tickets
- Supporting medical information from the attending physician and/or hospital (if cancelling or interrupting for medical reasons)
- Complete and sign Medical Records Authorization Form (if cancelling or interrupting for medical reasons)
- Written statement from travel supplier/agent indicating the date of cancellation
- Receipts for meals or accommodations due to a cancellation, delay or missed connection
- Receipts for any additional transportation expenses incurred
- Copy of report if injury occurred from an accident
- Copy of Death Certificate if death is the reason for the claim

If you have any questions, please contact Customer Service at (866) 523-3199. They are available from 8:00 a.m. thru 5:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820, or by E-Mail to CHUBB@hsri.com.

Health Special Risk, Inc.
8400 Belleview Drive, Suite 150
Plano, Texas 75024

FRAUD WARNING NOTICES

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company, for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant, for the purpose of defrauding or attempting to defraud the policyholder or claimant, with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Connecticut	This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.
Delaware Idaho	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer, for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Michigan North Dakota South Dakota	Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subject the person to criminal civil penalties.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
Nevada	Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both and may be subject to civil penalties.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in section 638:20.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any material fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Texas	Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Utah	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.