

HTH Travel Insurance - Trip Interruption

Claim Form & Claimant's Statement

PARTICIPANT'S INFORMATION:

Plan Number: _____

Name(s) of all claimants:

1. _____
2. _____
3. _____
4. _____

Email Address: _____ Home Phone #: (_____) _____

Work Phone: (_____) _____ / _____ Cell #: (_____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

TRAVEL SUPPLIER / PROVIDER INFORMATION:

If your trip arrangements were made through a Travel Agent – please provide the agent's information, if not – then provide the information as related to the cruise line, land operator or airline as applicable:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Contact: _____ Phone #: (_____) _____

Date Travel Protection Plan was purchased: ____/____/____ Date of initial payment deposit: ____/____/____

Scheduled Date of Departure: ____/____/____ Scheduled Date of Return: ____/____/____

If not included in package, how was air travel arranged? _____

LOSS INFORMATION:

After completing this section, attach copies of all travel documents (original airline tickets, hotel receipts, travel itinerary, tour cost, etc.) supporting penalties, added costs or nonrefundable charges incurred by you due to your interruption.

Company name: (airline/hotel/cruise/travel agent/etc.)	Amount paid:	Amount of loss: (non-refundable amount)	Have you received reimbursement?	If so, from whom?	How much?
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
Total	\$	\$			\$

REASON FOR INTERRUPTION:

Date Trip was Interrupted: ___/___/___ Reason for Interruption: _____

IF INTERRUPTION DUE TO MEDICAL REASONS:

Name of person having sickness or injury: _____

Date of birth: ___/___/___ Relationship to claimant: _____

Date Sickness or Injury began: ___/___/___ Date ended: ___/___/___

Nature of Sickness or Injury (If Injury, describe accident, including date and place): _____

Period of hospitalization (If applicable): From ___/___/___ To: ___/___/___

To Be Completed by the Attending Physician

Name of patient: _____ Name of Doctor: _____

Address: _____

Office Phone #: (_____) _____ Office Fax #: (_____) _____

Date of Birth: ___/___/___ Date symptoms first appeared or accident occurred: ___/___/___

Date of first treatment: ___/___/___ Date of last treatment: ___/___/___

List of all exam/treatment dates after initial consult: _____

Diagnosis: _____ Diagnosis Code: _____

Was patient treated by someone else?: YES NO If so, by whom?: _____
When?: _____

If patient is the traveler, did you prohibit patient's traveling: YES/NO: Date the traveler became disabled from
Travel: _____

Has the patient received medication or other treatment for this condition, or for a related condition, by you or any other Physician during the 90 days immediately prior to the date the claimant purchased this protection plan (see page 1 for date of purchase)? If so, please provide exact dates and details:

Any false or misleading statements made in support of and resulting in the payment of a claim shall be subject to legal action for collection of damages to the insurance company against the person or persons making such false and / or misleading statements.

Date Completed: _____ Physician's Signature: _____

Taxpayer ID Number: _____

Authorization For Release of Medical Information – To be Completed by Patient

In order to process a claim for benefits, I authorize any physician, hospital, or other Medical Provider to release to the Travel Insurance Claims Administrator, or its representative, any information regarding my medical history, symptoms, treatment, examination results or diagnosis. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed two and one-half years from the date signed. I understand I have a right to receive a copy of this authorization.

Date: _____ Signature: _____
(Signature of Person Suffering Illness or Injury or legally authorized representative)

DOCUMENTATION REQUIREMENTS:

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

- _____ Copies of cancelled checks or credit card statements that shows all payments made for the trip with an invoice from your Travel Provider showing the total cost paid for the trip.
- _____ Airline Ticket Stub/Receipt
Note: Copies of new airline tickets purchased due to interruption (if applicable) along with documentation of the cost incurred. Please forward the original airline tickets if applicable.
- _____ Police Report (if applicable)
- _____ Car Rental Agreement (if applicable)
- _____ Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.
- _____ Other (please describe): _____
- _____ Please advise if you wish to be contacted via e-mail or regular mail _____

OTHER INSURANCE / AUTHORIZATION:

Do you have any other type of insurance? _____

If so, please provide the Company Name and Address: _____

Type of Policy: _____ Policy #: _____ Contact: _____ Phone: (_____) _____

I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 6 of this document.

Signed Date

CLAIM INSTRUCTIONS:

Send this form and any accompanying documentation to:

HTH Travel Insurance
On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies
P.O. Box 26222
Tampa, FL 33623
Or online: CBPConnect.com - Report A Claim
Or, E-mail your information to: NWTravClaims@cbpinsure.com
Phone: 888-957-5009 / 727-412-7377

CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.

I HAVE READ AND AGREE TO THE [TERMS AND CONDITIONS](#) OF THE ELECTRONIC DELIVERY*

I ACCEPT ____ (please write in YES OR NO)

Please confirm the preferred Email address in clear print below:

ENTER Email Address Here:

***CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE, OR DOWLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

To view the Nationwide Privacy Statement and/or Notice of Privacy Policy, click the links below

[Privacy Statement](#)

(http://policydocuments.tpaproducts.com/Nationwide/HIPAA_Notice_of_Privacy_Practices.pdf)

[Privacy Policy](#)

(http://policydocuments.tpaproducts.com/Nationwide/Nationwide_Privacy_Policy.pdf)

State Fraud Notices

Alabama Any person who knowingly presents a false or fraudulent claim for payment of 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 Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas 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 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.

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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware 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 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.

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of 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.

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.

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 a 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.

Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 RSA 638:20.

New Jersey Any person who knowingly files a statement of claim containing any false or misleading information 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 fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 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.

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 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 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.

Virginia 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.

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.

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.

All Other States 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/or civil penalties.