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STARR

INSURANCE COMPANIES

## Trip Cancellation/Interruption/Delay - Non Medical Claim Form

### SECTION A - CONTACT INFORMATION

Please choose one of the following:

#### TRIP CANCELLATION

#### TRIP INTERRUPTION

#### TRIP DELAY

#### MISSED CONNECTION

#### TRIP CANCELLATION FOR ANY REASON

#### SINGLE OCCUPANCY SUPPLEMENT

Name of insured FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Date of birth MM / DD / YYYY \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State / Jurisdiction \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State / Jurisdiction \_\_\_\_\_ Postal / Zip Code \_\_\_\_\_

Preferred method of contact: Mail ☐ Email ☐ Home Phone ☐ Work Phone ☐

### SECTION B - PLAN INFORMATION

Confirmation / Policy ID # \_\_\_\_\_

Booking # \_\_\_\_\_

Date of departure MM / DD / YYYY \_\_\_\_\_ Date of Return MM / DD / YYYY \_\_\_\_\_

Original Destination \_\_\_\_\_

Travel Agency \_\_\_\_\_

Initial Deposit Date \_\_\_\_\_

Agent's Name \_\_\_\_\_ Agent's Email \_\_\_\_\_

Agent's Phone Number \_\_\_\_\_

### SECTION C - TRAVELING COMPANIONS

Companion Name FIRST \_\_\_\_\_ LAST \_\_\_\_\_ Companion Name FIRST \_\_\_\_\_ LAST \_\_\_\_\_

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

### SECTION D - OTHER INSURANCE INFORMATION

Do you have any other travel or out-of-country medical insurance ?

YES ☐ NO ☐

If yes, please indicate name of insurance company: \_\_\_\_\_ Policy no. \_\_\_\_\_

Credit card issuing bank: \_\_\_\_\_ Cardholder name: \_\_\_\_\_

# Trip Cancellation/Interruption/Delay - Non Medical Claim Form

## SECTION E - DETAILS OF LOSS

Please describe the cause of your cancellation, interruption, missed connection or delay in as much detail as possible:

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Whom did you notify?

Date of notification:

Details of notification:

## SECTION F - AMOUNT CLAIMED

Category	Amount	Required Support Documents <sup>*(a)</sup>
Airfare	\$	E-ticket receipt or original paper airline tickets
Lodging	\$	Documents confirming your reservation/ payment/ partial payment
Tour(s)	\$	Copy of the invoice
Cruise Ship	\$	
Other	\$	
Total Expenses	\$	
Less Refunds	\$	Examples: account credits, cash refunds, trip or meal voucher, etc.
Total Claimed	\$	

<sup>\*(a)</sup> We reserve the right to request additional information/ documentation as needed to process the claim.

## SECTION G - REQUIRED DOCUMENTS<sup>\*(a)</sup>

- 1) Completed claim forms (signed and dated);
- 2) Complete Travel Itinerary (i.e., flight schedule, hotel confirmation or tour/cruise itinerary);
- 3) Proof of payment(s) for the trip  
(i.e., itemized travel invoice, e-ticket or paper ticket, hotel charges, service fees and other accommodation expenses or credit card statements);
- 4) Confirmation of the reason for the Trip Cancellation, Interruption, Delay or Missed Connection (i.e., Common carrier cancellation or delay notices, news articles describing loss or event, or documentation confirming any other non- medical cause of loss, etc);
- 5) Cancellation letter from tour operator/agency/carrier (with cancellation policies);
- 6) Penalty terms from the affected travel company, carrier, lodging or other provider;
- 7) Documentation showing any refunds (if applicable);
- 8) Receipts for any additional/out of pocket expenses<sup>\*(b)</sup>;

<sup>\*(b)</sup> Note: Reimbursement of same limited by policy terms and conditions

NOTE: If cause of loss is MEDICAL in nature, please request Attending Physician statement and HIPAA Medical Records release form from your adjuster/processor and submit completed copies of each with above documentation

<sup>\*(a)</sup> We reserve the right to request additional information/ documentation as needed to process the claim.

# Trip Cancellation/Interruption/Delay - Non Medical Claim Form

## SECTION H - AUTHORIZATION

FAILURE TO SIGN AND DATE MAY DELAY THE REVIEW OF YOUR CLAIM.

**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 containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to criminal prosecution, civil penalties and forfeiture of insurance benefits.

### AUTHORIZATION

I AUTHORIZE any insurance company, physician, hospital, and other health care providers, any travel organization or agency, airline carrier, rental agency, hotel, motel, or similar entity providing lodging on a rental/lease basis or any other person who may have knowledge regarding this claim, to release any information requested by Administrative Concepts, Inc and/or their affiliate partners regarding this claim and the loss reported.

By signing this claim form, I certify that all information given above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

You can create a profile and track this and your other Starr claims using the following link:  
**<https://www.visit-aci.com>**

For existing claim document upload only please use:

**<https://www.visit-aci.com>**

**Fax: (610)-293-9299**

Or, mail the completed and signed claim form and all required documents to:

**Administrative Concepts, Inc**  
**P.O. Box 4000**  
**Collegeville, PA 19426-9000**

If you choose to mail your documents, please send a copy of your documents and retain the originals for your records. Administrative Concepts, Inc is unable to return any submitted documents. You will be contacted by a claim adjuster if additional information or documentation is required.

# Trip Cancellation/Interruption/Delay - Non Medical Claim Form

## Fraud Statements

General: 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.

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, Maryland, 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.

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 from 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, Indiana: 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.

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 a denial of insurance benefits.

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 subjects the person to criminal and 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 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 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 makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law. 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.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes 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.