

Refund Application

Refund requests received with incomplete information will not be processed.

Travel Insurance

Contact us:
Goose Insurance Services

1281 W. Georgia St, Suite 800
Vancouver, BC, V3E 3J7

support@gooseinsurance.com
Toll free 1-888-374-6673

REFUND APPLICATION PROCEDURES

- All requests for refund must be submitted to Goose Insurance Services Inc. using this Refund Application form.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- Refunds subject to a minimum retained premium.

REFUND APPLICATION FORM

Policy Details

Name of Person Requesting Refund: _____

Policy Number: _____ Date of Refund Request: _____

Name(s) of Insured(s) Requesting Refund

Full refund

Partial refund

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☐ **Applicable to Single Trip - Partial Refunds for Early Return**

Departure Date: _____ Early Return Date : _____

☐ **Refund when no travel has taken place**

☐ **Applicable to Multi Trip Annual – Extensions**

Extension Start Date DD | MM | YYYY _____ Early Return Date DD | MM | YYYY _____ Extension End Date DD | MM | YYYY _____

Original form of payment used to purchase the policy is still valid: ☐ Yes ☐ No

To comply with Anti-Money Laundering Legislation, refunds will be issued on the original method of payment used. If the original method of payment is not valid, a cheque may be issued, provided supporting documentation is provided to Goose.

Reason for Refund: _____

Documentation Enclosed

- ☐ Proof of date of return, for partial refunds only. (There will be no refund if adequate documentation is not received.)
- ☐ **Applicable to travel policies with Trip Cancellation Insurance** - Proof from the Travel Provider that a FULL refund of the trip cost has been provided to the insured travellers.
- ☐ Copy of Death Certificate, if applicable.

Insured or Representative of the Insured's Declaration

I/We hereby declare and agree that no claim has been or will be submitted as of today's date.

Signature of the Insured _____

Date (DD | MM | YYYY) _____

Signature of the Insured's Representative _____

Date (DD | MM | YYYY) _____

Office Use Only

Revised Trip Length	
Retained Premium	
Amount Refunded	



The language in this document may not be the same as the actual policy wording which will prevail in all instances and is available upon request. Certain exclusions, limitations and conditions may apply. Insurance is administered by North American Air Travel Insurance Agents Ltd. doing business as TuGo®, a licensed insurance broker in all provinces and territories. The issuer of the contract is Industrial Alliance Insurance and Financial Services Inc. and Industrial Alliance Pacific General Insurance Corporation. TuGo® is a registered trademark owned by North American Air Travel Insurance Agents Ltd. doing business as TuGo®.



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