

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
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Applicable to Single Trip - Partial Refunds for Early Return Departure Date: _____ Early Return Date : _____	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.
<input type="checkbox"/> Refund when no travel has taken place	
<input type="checkbox"/> Applicable to Multi Trip Annual – Extensions Extension Start Date <u>DD MM YYYY</u> Early Return Date <u>DD MM YYYY</u> Extension End Date <u>DD MM YYYY</u>	

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** - 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	



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