

HOW TO COMPLETE YOUR CLAIM FORM

Please complete all sections of the claim form. Failure to complete the claim form and attach the requested documents will delay the processing of your claim. Below you will find clarification for the sections of the claim form which are often missed or incomplete.

SECTION B – CERTIFICATION & AUTHORIZATION

This section must be completed in order to release payment of your claim. Completion certifies that the information provided in connection with this claim is complete, true and accurate.

Complete the Assignment of Benefits section if you wish to direct payment to a designated person.

SECTION D – OTHER INSURANCE

This section allows us to coordinate payments with any other insurance plans that you may have in addition to this plan such as a group policy through work or coverage through a credit card.

SECTION E – EXPENSE SHEET

In the event that your personal belongings are lost, damaged or stolen, please list each item individually along with the original cost or the cost to replace/repair the item.

In the event that your luggage is delayed, please only list the items which were purchased at destination while your luggage was delayed.

REQUIRED DOCUMENTS

Submit the following documentation to support your claim (please do not staple documents):

- Copy of report from the authorities as proof of loss, damage or delay
- For lost, damaged or stolen items: proof that you owned the articles, and receipts for their replacement
- For delayed luggage: receipts for the items purchased at destination while your luggage was delayed

SUBMITTING YOUR CLAIM

The completed & signed claim forms and applicable supporting documents can be sent to our office by:

- Online:** Visit: <http://manulife.acmtravel.ca>
Create an account and upload your required documents.
Your information is automatically saved and can be reviewed at any time.

- mail**

Canadian Mailing Addresses		U.S.A. Mailing Address
Active Care Management P.O. Box 1237 Station A Windsor, ON N9A 6P8	Active Care Management 73 Queen Street Sherbrooke, QC J1M 0C9	Active Care Management 535 Griswold St Suite 111-605 Detroit, MI 48226

- email** TravelClaims@Active-Care.ca

Please save all original receipts and supporting documentation. ACM reserves the right to request original documents when necessary to adjudicate your claim.

Your travel insurance policy is underwritten by **The Manufacturers Life Insurance Company** ("Manulife"). Manulife has appointed Active Claims Management (2018) Inc., operating as Active Care Management ("ACM"), as the provider of all assistance and claims services under the policy.

IMPORTANT: The Authorization section must be completed in order to process your claim.

By signing this form you certify that the information provided in connection with this claim is complete, true and accurate.

SECTION A – CLAIMANT INFORMATION Please attach a list if there are more than two claimants.
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Last Name	First Name	Date of Birth			
1		<input type="checkbox"/> Male <input type="checkbox"/> Female	MM	DD	YYYY
2		<input type="checkbox"/> Male <input type="checkbox"/> Female	MM	DD	YYYY
Address					
Email Address		Primary Phone Number	Secondary Phone Number		

SECTION B – CERTIFICATION AND AUTHORIZATION All adult claimants must sign below.

- This Authorization will permit Manulife and/or ACM to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and discuss any aspect of the adjudication of my claim with Manulife and its affiliates.
- I assign to Manulife any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to Manulife and/or ACM.
- A photocopy, facsimile, or electronic copy of this authorization shall be as valid as the original for the purpose of obtaining further information to process this claim
- **Notice:** The provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.
- **I certify that the statements and particulars given herein together with those on any accompanying documents or telephone interviews relating to my claim are complete, true and correct to the best of my knowledge.**

Manulife and ACM are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used for the purpose of providing you with the requested insurance services. Your personal information may also be used to contact you about your customer experience and/or to participate in market research. For a copy of the privacy policies, please visit: www.manulife.ca and www.active-care.ca.

If a claimant is a minor, print full name of parent or legal guardian, or if a claimant is deceased, print full name of executor:

Signature of Claimant 1	MM	DD	YYYY
Signature of Claimant 2	MM	DD	YYYY

Assignment of Benefits Complete this section if you wish to direct the reimbursement to a designated person. If this section is left blank, any benefits payable under this claim will be assigned to each adult listed on the confirmation of insurance.

Payee	Phone
Payee Address	

SECTION C – LOSS INFORMATION

 Type of Loss Lost Damage Theft Delayed Luggage

Date of Loss	MM	DD	YYYY
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Date Loss Reported	MM	DD	YYYY
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Describe how and where the loss occurred:

Loss reported to:

- Airline Cruise Line Bus Line Tour Guide Hotel Police
 Other - please specify:
 Not reported - please explain:

SECTION D - OTHER INSURANCE COVERAGE
Do you or your spouse have any other insurance coverage? No Yes – please specify:

Name of Insurance Company	Policy Number	Certificate Number			
If your credit card offers travel insurance, provide the name of the issuing bank		First 6 digits & last 4 digits of credit card			
Name of Primary Insured / Name of Cardholder as it Appears on the Card		Date of Birth	MM	DD	YYYY
Signature of Primary Insured / Cardholder		Date	MM	DD	YYYY

If you have claimed with any other insurer, please provide your claim number and attach a copy of the settlement.

