

# Version V09 Visitor to Canada Cancellation / Refund Request Form

Form must be completed in full by Insured OR Sponsor  
A \$25 processing fee will be deducted from any amount refundable.

Policy No: \_\_\_\_\_ Named Insured(s): \_\_\_\_\_

Reason for Request:  Early departure on (mm/dd/yy) \_\_\_\_\_  
(check  one)  Obtained Government Health Ins on (mm/dd/yy) \_\_\_\_\_  
 Denied travel Visa \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

## ANY POLICIES purchased as a mandatory requirement for a visa or entry permit application to IRCC:

- Full cancellation requests **MUST** be accompanied by visa refusal letter.
- Early return refund requests must be accompanied by **acceptable proof** (see below). Requests received more than 30 days after the date you want your coverage to end will be considered a **"retroactive refund request"** (see below).

## POLICIES that were not purchased to satisfy a mandatory insurance requirement:

- Cancellation requests for non-arrival received prior to or within 7 days of the effective date require no other documentation other than this completed form. Cancellation requests for non-arrival received more than 7 days after the effective date will be considered a **"retroactive refund request"** (see below).
- Early return refund requests must be accompanied by **acceptable proof** (see below). Requests received more than 30 days after the date you want your coverage to end will be considered a **"retroactive refund request"**.

### "Acceptable Proof" means:

- For early return to **country of origin** - boarding pass(es) **or** ticket/itinerary plus stamped passport pages.
- For any **"retroactive refund request"** - proof that you were not in Canada during the specified time. May include copies of all pages of passport. Without acceptable proof, requests are processed as at the date received.
- When government health insurance has been obtained – an official government document clearly showing the date your coverage commences.
- For a denied travel visa - a copy of the refusal letter from IRCC.

### If your premium was paid by credit card, please provide full card details:

Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_

(We can only refund to the same card used to purchase policy) Cardholder Name: \_\_\_\_\_

### Declaration and Signature (check one of the three options below):

- I paid for my policy in full at the time of application and I hereby declare that there has been no claim has been paid or denied on this policy and that no claim will be submitted, or
- I paid for my policy in full at the time of application and have reported a claim that has not yet been denied or paid. I wish to withdraw this claim to apply for this refund and I agree to the deduction of the claims handling fee of \$300 per paid claim or \$500 per denied claim from my refund, or
- I purchased my insurance under the Monthly Payment Option.

**I hereby declare that this request to cancel this policy will not reduce or eliminate medical insurance that has been submitted to the Government of Canada and which should remain in force to comply with the requirements of any type of visitor's visa, work or student visa, sponsorship visa or Super Visa.**

Name \_\_\_\_\_ I am (check one)  Insured  Sponsor

Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail / Phone / Fax \_\_\_\_\_

(Head Office Use Only)

Refunded by:  Credit Card  Agent  Chq from 21<sup>st</sup> C // Proof of depart / visa denial provided on \_\_\_\_\_ (date) recorded by \_\_\_\_\_ (initials)

Refund Processed on (date) \_\_\_\_\_ Refund Amount \$ \_\_\_\_\_ (\$ \_\_\_\_\_ less \$25 processing fee)

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Form VRR-1809