

# Claim Form: Missed Connection, Trip Interruption, Baggage Delay, Change fee

## Helpful Tips

- Gather all of the needed supporting documents and send them with this claim to speed up the process of your claim.
- Submit proof of payment for claimed expenses. Acceptable forms of proof of payment include a credit card statement and/or a copy of the front and back of the negotiated check.
- Send this signed form and any accompanying documents to Seven Corners within 90 days from the date of service using any of the methods listed to the right.

### Upload

Login to My Account and upload your documents  
[www.sevencorners.com/login](http://www.sevencorners.com/login)

### Fax

317-575-2256

### Email

[claims@sevencorners.com](mailto:claims@sevencorners.com)  
 (email attachments can not be larger than 10 MB.)

**If you are unable to submit your claims documents electronically, you may submit via postal mail to:**

Seven Corners, Inc.  
**Attn: Claims**  
 303 Congressional Boulevard Carmel, IN 46032 USA

## Reason for Claim

1 Please indicate the reason for your claim. You may select as many boxes as applicable.

**Missed Connection**  
 3 or more hours

**Trip Interruption**

**Baggage and Personal Effects**

**Baggage Delay**  
 24 hours or more

**Change Fee**  
 Fee for change of air itinerary

## Primary Insured's Information

2 Name of Primary Insured (The person listed first on your plan.)		3 Date of birth MM/DD/YYYY	
4 Certificate number (You can find this on your I.D. card.)		5 Email address	
6 Preferred phone number		7 Fax number	
8 Mailing address (if different than home)	9 City	10 State	11 Zip Code
12 Home address	13 City	14 State	15 Zip Code
16 Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone			

## Travel Details

17 Scheduled date of departure MM/DD/YYYY	18 Scheduled date of return MM/DD/YYYY
19 Actual date of departure MM/DD/YYYY (trip delay)	20 Actual date of return MM/DD/YYYY (trip interruption/trip delay)

## Traveling Companions

21 Companion name	22 Certificate number
23 Companion name	24 Certificate number

## Traveling Companions (continued)

25 Companion name	26 Certificate number
27 Companion name	28 Certificate number

## Details of Claim

### 29 Trip Interruption

30 Date your trip was interrupted MM/DD/YYYY	31 Date you were able to rejoin your trip or returned to your original destination MM/DD/YYYY
32 Reason for Trip Interruption	

### 33 Missed Connection

34 Scheduled date & time of arrival / departure MM/DD/YYYY & HH/MM am/pm	35 Actual date & time of arrival / departure MM/DD/YYYY HH/MM am/pm
36 Reason for Missed Connection	

### 37 Change Fee

Please provide reason for change fee incurred
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### 38 Baggage Delay

Please indicate the date of the delay, the length of delay and the specific details of delay
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### 39 Baggage and Personal Effects

Please provide the date of loss or damage and the specific details of loss
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## Documentation Requirements

Depending upon the circumstance involved in the loss, one or more of the following items may be required to complete the processing of your claim. We recommend you keep copies of any documents submitted with this claim.

- Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.
- If you qualify for the "Waiver of the Pre-Existing Condition" for your claim, you must submit proof that your payment or deposit for this policy was received at or before the final payment due date for your trip.
- Report from common carrier confirming delay
- For Baggage Delay – copies of all receipts for the actual expenditure for necessary personal effects.
- For Baggage and Personal Effects –
  - A written statement from either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss:
  - For items damaged beyond repair, you must provide the date of purchase, a fully completed Statement of Non-repairability and a proof of current replacement cost from a retailer.
  - For items which have been lost or stolen, you must provide documentation of the original purchase price. If the original receipt is not available, benefits will be calculated based upon the Actual Cash Value (cost less proper deduction for depreciation value) at the time of loss.
  - For items older than one year, you must supply a written statement of current replacement cost from a retailer (retain original for your records).

**Claimed Expenses**

Category	Amount	Required Supporting Documents for proof of payment
40 Total expenses	\$	
41 Refunds	\$	Examples: account credits, cash refunds, trip or meal voucher etc.
42 Total claimed	\$	

**Other Insurance Information**

43 Do you have any other insurance that might cover the loss for which you are claiming: <input type="checkbox"/> Yes <input type="checkbox"/> No	
44 If you have any other travel or out-of-country insurance through an employer, spouse's employer, retirement plan or credit card, provide the name:	
45 Plan number	46 Telephone

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 regarding this claim and the loss reported.

I UNDERSTAND that Travel Benefits Plan, administered by Seven Corners, does not cover losses caused by injury or sickness to the extent that they are eligible under a primary group insurance, group- type insurance, prepayment, group practice or individual practice coverage and coverage other than school accident-type coverage, now therefore, as a condition for my receipt of immediate benefits under the Seven Corners plan, for claims in connection with injury or sickness beginning on the date shown above, I irrevocably agreed to: (a) assign all benefits payable from my primary insurer to Seven Corners; (b) promptly reimburse Seven Corners if and when I receive payment(s) from my primary insurance; (c) allow Seven Corners to file a claim with my primary insurer to receive direct reimbursement; and (d) when requested by Seven Corners, to furnish Seven Corners with copies of my primary insurer's schedule of benefits.

I UNDERSTAND the information obtained by use of the authorization, will be used by Seven Corners to determine eligibility for benefits under this plan. Any information obtained will not be released by Seven Corners to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required or as I further authorize.

I KNOW that I may request to receive a copy of the Authorization. I AGREE that a photographic copy of this authorization is as valid as the original. I AGREE that this Authorization shall be valid for two and one half years from the date shown below. I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 6 of this document.

**NEW YORK FRAUD WARNING:** 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.

47 Signature of Insured	48 Date MM/DD/YYYY
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## **Claim Form Fraud Statement - For residents of all states other than those listed below:**

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.

**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.

**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.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: 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.

**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.

**FLORIDA WARNING:** 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.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KANSAS:** 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 may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

**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

**MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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 RSA 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 and 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.

**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:** 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.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VIRGINIA:** Any person who, with the 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 may have violated state law.

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