

# Visitor to Canada Cancellation / Refund Request Form

A premium refund may not be available if a claim has been reported under this policy.  
A \$25 Administration Fee will be applied to all refunds. Refer to policy for full details.

Must be completed in full by Insured OR Sponsor OR selling Agent

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

Reason for Request:  Early departure on (date) \_\_\_\_\_  
(check one)  Obtained Government Health Ins on (date) \_\_\_\_\_  
 Non-arrival or denied travel Visa  
 Other (please explain below)

Remarks: \_\_\_\_\_  
\_\_\_\_\_

If you are requesting that we issue this refund retroactively (with a cancellation date prior to the date of this request), acceptable proof must be submitted as follows:

- Early departure - Proof of the date you left Canada (ticket, boarding pass, or copy of passport pages)  
*Note: for **Super Visa** policy holders, either; a) a boarding pass, **or** b) airline ticket & stamped passport pages, **must** be provided for all refund requests received before or after departure.*
- GHIP obtained - Proof of the date your Canadian Government Health Insurance took effect.
- Non-arrival - Proof that you did not travel to Canada (travel visa denial letter or copy of passport pages)  
*Note: for **Super Visa** policies, proof of visa denial or extenuating circumstances will be required.*

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

Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
(**MUST** match card# used to purchase policy) Cardholder Name: \_\_\_\_\_

**Declaration and Signature: By signing below, I hereby declare that there has been no claim reported on this policy and that no claim will be submitted; (or, if I have reported a claim that is payable but which has not yet been paid, I agree to the deduction of a \$200 fee to withdraw my claim to apply for this refund). I also declare that this request will not reduce or eliminate private medical insurance coverage that has been used to comply with the requirements of a Visitor to Canada Visa or Super Visa.**

Name \_\_\_\_\_ I am the (check one)  Insured  Sponsor  Agent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Super Visa cancellations (except early departure) form must be signed by Insured or Sponsor**

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

(Head Office Use Only)

Premium has been refunded to client by:  Credit Card  Agent  Cheque from 21<sup>st</sup> Century

Verified No Claims on: (date) \_\_\_\_\_

Refund Processed on (date) \_\_\_\_\_ Refund Amount \$ \_\_\_\_\_ (\$ \_\_\_\_\_ less \$25 Admin Fee)

21<sup>st</sup> Century Travel Insurance Limited

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Form VRR-1307