

P.O. Box 88503 Indianapolis, IN 46208-0503 Agency Services: (866) 347-6673

or (317) 655-9796 Fax: (317) 655-4505

Request To Change A Prior Transaction Or Request A Refund

NOTE: ALL CREDIT CARD <u>REFUND REQUESTS</u> MUST HAVE A CARDHOLDER'S <u>SIGNATURE</u> AND THE <u>COMPLETE CC NUMBER</u>!

If an insured person is not satisfied for any reason, he/she may return their Certificate to Us within 10 days after receipt provided he/she has not already departed on their Trip or filed a claim. Premium will then be refunded, and their Certificate will be void from the beginning.

ALL CHANGES MUST BE SUBMITTED VIA THIS FORM!

Policy #:					
Policy Name:					
Why is there a change?					
Travel Date Change:	New Depart Date		New Return Date		
Address Change:		Address			
NAME CHANGES: Please CHE	CK MARK the box next to the n	ame that needs to	be corrected. T	Thank you.	
1First Name	Last Name	Birth Year	\$Trip Cost		
2 First Name	Last Name	Birth Year	\$ Trip Cost	\$ Premium	
3	Last Name	Birth Year	\$ Trip Cost		
☐ 4.			\$	\$	
First Name	Last Name	Birth Year	•	Premium	
5First Name	Last Name	Birth Year	\$Trip Cost	Premium	
6First Name	Last Name	Birth Year	\$Trip Cost		
Comments:				\$ New Total Premium	
I authorize iTravelInsured to C	harge Credit (check one) my	credit card as a	result of the cha	rges noted above.	
Cardholder Name:	Cardholder Signature:				
Card Number:	Exp. Date:	(mm/y	yyy) (Visa, MC	Amex, Discover)	
Agent's Name: If you need a copy of the new policy, pleas					
Agent's Email:					
	,	ices direct # 1-86	66-347-6673		

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