Baggage & Personal Effects

Claim Form & Claimant's Statement

Insurance Carrier: Lloyd's of London
Program Reference # _____
Group Name: Intrax
ID Number: _____

PRIMARY PLAN PARTICIPANT'S INFORMATION:

ID Number:_____ Date of Birth:_____/_____/_____

Name: _____ Home Phone #: (_____) _____

Work Phone: (_____) _____ Fax: (_____) _____

Email Address: _____ Social Security Number: _____/_____/_____

Address:_____ City:_____ State:____ Zip Code:_____

TRAVEL SUPPLIER / PROVIDER INFORMATION:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: ( ) _____ E-mail Address:_____

Date Travel Arrangements were made:_____/_____/_____ Date of initial payment deposit: _____/_____/_____

Scheduled Date of Departure:_____/_____/_____ Scheduled Date of Return: _____/_____/_____

Origination: _____ Destination: _____

Flight Number: _____ Flight Number: _____

Air Carrier: _____ Air Carrier: _____

LOSS INFORMATION:

Date of Loss: _____ /_____ /_____

Please describe what occurred: _____

_____

_____

Place of Loss: (airport, hotel, rental agency, etc.)

Name and Address: _____

Phone #: (_____)_____ Contact: _____

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. Please place a check by those items you have attached. We recommend you keep copies of any items submitted with this claim.

____ Airline Ticket Stub/Receipt

____ Baggage Claim Stub/Receipt

____ Police Report

____ Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your lost property.
Note: You must file a report with the appropriate authorities for damaged, lost or stolen property.

____ Car Rental Agreement

____ Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, hotel/motel or other similar establishment or any other insurance company providing reimbursement to you for the loss.

____ Proof of ownership of the items lost or stolen

Note: Acceptable forms of proof of purchase include credit card statements, sales receipts or cancelled checks.

____ Other (please describe):_____

DESCRIPTION OF LOST / STOLEN / DAMAGED ITEMS:

Item(s):	Estimated Value:	Have you received reimbursement?	If so, from whom?	How much?
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
	$	Yes No		$
Total	$			$

OTHER INSURANCE / AUTHORIZATION:

Company Name and Address:_____

Type of Policy: _____

Policy #: _____

Contact: _____

Phone # (_____) _____-_____

I AUTHORIZE any insurance company, 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 the information obtained by use of the authorization, will be used by the Claims Administrator to determine eligibility for benefits under this plan. Any information obtained will not be released by the Claims Administrator 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 3 of this document.

_____ _____

Signed Date

Mailing Instructions:
Send this form and any accompanying documentation to:

Co-ordinated Benefit Plans, LLC
P.O. Box 26222
Tampa, FL 33623-6222
Fax (800) 560-6340
or e-mail to: Team1@cbpinsure.com