POINT COMFORT TRAVEL

# Emergency Medical Evacuation/ Reunion/Bedside Visit

## To be attached to Claimant's Statement and Authorization

**Notice to Insured Persons:** Your insurance requires submission of valid Proof of Claim within a limited time frame as indicated in your Certificate. This document and the required attachments are essential parts of Proof of Claim. Failure to submit an accurate, legible, completed and signed Emergency Medical Evacuation/Reunion/Bedside Visit form, together with a Claimant's Statement and Authorization and all required attachments, within the specified time frame will result in processing delays and may result in denial of coverage for failure to submit Proof of Claim.

## PART A: Insured Person Information

| Full Name: (as it appears on ID card) | Date of Birth: (mm/dd/yyyy) | Gender: ☐ Male ☐ Female |
|---|---|---|
| ID Number: (found on ID card) | Passport/Visa Number: | |
| Email Address: | Telephone Number: | |

## PART B: Emergency Medical Evacuation Required documents

- ☐ Doctor, hospital, ambulance and/or pharmacy – Original itemized bills/invoices for any expenses paid by you.
- ☐ **Proof of payment** – Credit card statements, cancelled checks, wire transfer receipts, or paid receipts for payments made by you.
- ☐ **Medical Records** – Copy of all medical documentation for services rendered. Include all progress charts, key clinical data and medical history, symptoms, medicatons, treatment plans, immunization dates, allergies, radiology images and laborary and other test results.
- ☐ ***Official Reports – Copy of death certificate, police report, autopsy, coroner, toxicology, and findings from any investigating entity.***
- ☐ **Copy of your unused return ticket if you were evacuated/repatriated to your home country.**

## PART C: Reunion or Bedside Visit Required information and documents

| Relative or friend involved in the Reunion or Bedside Visit: | |
|---|---|
| Full Name: (Relative or Friend) | |
| Email Address: | Telephone Number: |
| Address: (Street, City, State/Province, ZIP/Postal Code, Country) | |

- ☐ Copy of visiting relative or friend's passport, including all pages, front and back, even if pages are blank.
- ☐ Bills and Invoices for all transportation (including itineraries), hotel and meal expenses incurred by the relative or friend during the Reunion or Bedside Visit.
- ☐ Proof of payment – Credit card statements, cancelled checks, wire transfer receipts, or paid receipts for payments made by the Insured Person or relative/friend indicated above.

## PART D: Verification

I verify that all information contained in this form is true, correct and complete to the best of my knowledge.

| **Printed Name of Insured:** | **Date: (mm/dd/yyyy)** |
|---|---|
| **Signature of Insured:** | |

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.