

iNext Trip Delay
Claim Form & Claimant's Statement



PARTICIPANT'S INFORMATION:

School and Program Names: _____

Policy Number: _____

Name(s) and birthdates of all claimants:

1. _____

2. _____

3. _____

4. _____

Email Address: _____ Home Phone #: (_____) _____

Work Phone: (_____) _____ Cell #: (_____) _____

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

TRAVEL SUPPLIER / PROVIDER INFORMATION:

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: (_____) _____

Date Travel Arrangements were made: ____/____/____

Date of initial payment deposit: ____/____/____

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

If not included in package, how was air travel arranged? _____

LOSS INFORMATION:

After completing this section, attach copies of all travel documents (original airline tickets, hotel receipts, travel itinerary, tour cost, etc.) supporting penalties, added costs or nonrefundable charges incurred by you due to your delay.

Company name: (airline/hotel/cruise/travel agent/etc.)	Amount paid:	Amount of loss: (non-refundable amount)	Have you received reimbursement?	If so, from whom?	How much?
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
	\$	\$	Yes No		\$
Total	\$	\$			\$

REASON FOR DELAY:

Date Trip was delayed with Travel Supplier: ____/____/____ Date delay ended: ____/____/____

Details regarding your Trip Delay: _____

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.

- ____ Copies of cancelled checks or credit card statements that shows all payments made for the trip with an invoice from your Travel Provider showing the total cost paid for the trip.
- ____ Airline Ticket Stub/Receipt (if applicable)
- ____ Police Report (if applicable)
- ____ Statement from Hotel/Motel, Airline Carrier or Airport Facility that concerns your Delay.
Note: Any cancellation or delay of flight must be documented by the airline.
- ____ Car Rental Agreement (if applicable)
- ____ 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.
- ____ Other (please describe): _____
- ____ Please advise if you wish to be contacted via e-mail or regular mail _____

OTHER INSURANCE / AUTHORIZATION:

Do you have any other type of insurance? _____

If so, please provide the Company Name and Address: _____

Type of Policy: _____ Policy #: _____ Contact: _____ Phone: (____) _____

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

ASSIGNMENT OF BENEFITS:

I hereby ASSIGN all benefits to which I am entitled to school named above. I understand that I am responsible for any amount not covered by insurance.

Signed

Date

MAILING INSTRUCTIONS:

Send this form and any accompanying documentation to:
Attention: Co-ordinated Benefit Plans, LLC
On Behalf of Nationwide Mutual Insurance Company and Affiliated Companies
P.O. Box 26222, Tampa, FL 33623
Or E-mail your information to: NWTravClaims@cbpinsure.com
Questions: 866-723-3063 (direct dial 727-412-7378)

CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY

Please be advised, our preferred method of communication with you is electronically by email. Use of email helps us provide better and faster service. Please provide your consent to this in the area below. We will keep this on file with your claim.

EXPRESSED CONSENT TO RECEIVE ALL COMMUNICATIONS ELECTRONICALLY:

I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY.

I HAVE READ AND AGREE TO THE [TERMS AND CONDITIONS](#) OF THE ELECTRONIC DELIVERY*

I ACCEPT ____ (please write in YES OR NO)

Please confirm the preferred Email address in clear print below:

ENTER Email Address Here:

***CLICK THE TERMS AND CONDITIONS ABOVE TO REVIEW ONLINE,
OR DOWLOAD A COPY BY TYPING THE BELOW URL INTO YOUR INTERNET BROWSER:**

<http://policydocuments.tpaproducts.com/EDOD/consent.pdf>

FRAUD STATEMENTS – If you reside in the state of:

General: 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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

District of Columbia: 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.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 York: 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.

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.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Missouri: An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

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.

Puerto Rico: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

Washington: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.”

All Other States: 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/or civil penalties.

EFFECTIVE DATE

This Notice is effective May 16, 2014.