

Claim Validation Form

(File form per household)

Claimant(s):

Plan Confirmation #:

Travel Agent Email:

Date of Initial Deposit:

Email to: travelex.claims@bhspecialty.com

Fax to: 715-303-6328

Date:

Departure Date:

Return Date:

Date Notified of Cancellation:

Please indicate form of ticket used:

Trip Information			
Trip Arrangement	Vendor Name	Total Cost Paid (Include taxes in cost)	Refunds from Supplier
Airfare			
Cruise			
Tour(s)			
Hotel(s)			
Car Rental			
Rail			
Other			
Other			
Other			
Other			
Admin Fee			
Cancel Fee by Agency			
		Total \$	Total \$
Total Amount of Claim:	\$		

(Continued on next page)

PLEASE PROVIDE THE FOLLOWING WITH THIS COMPLETED FORM:

- The Client's Payment Invoice(s)
- Tour Brochure and Penalties
- Terms and Conditions
- Cancellation Invoice
- Non-refundable ticket numbers including E tickets (must be issued and submitted)
- Copy of any partially refunded tickets.
- The original Voucher/Credit if applicable. If you do not have this, please explain.
- A letter of explanation of the claim, if applicable. (optional)
- Commission protection - please request a separate form if you have a signed agreement in this transaction.

Additional Comments:

Completed by:		Date:	
Office Phone:		Fax:	
Email Address:			