

Trip Cancellation

A. HOW TO FILE A REIMBURSEMENT REQUEST

On becoming aware of a potential loss for **Trip Cancellation**, **You** should:

1. give immediate notice to the **Common Carrier**; and
2. notify any relevant insurer.

Call the **Administrator** at 1-800-711-4280 to request a reimbursement request form. **You** must report the request within ninety (90) days of the loss, or as soon as reasonably possible, but in no event later than six (6) months from the date of the loss or **Your** request may be ineligible.

The following required items, must be sent to the **Administrator** at P.O. Box 7690, St. Clair Shores, MI 48080 or reimbursements@cynasurefinancial.com and be postmarked within one-hundred and eighty (180) days of the loss, or the request may be ineligible:

1. The fully completed and signed reimbursement request form.
2. Documentation showing the cost, scheduled date(s), passenger name(s) of the **Trip**.
3. Proof of a **Covered Reason**, including a written statement by a **Physician** or death certificate.
4. A copy of the **Common Carrier's** cancellation policy for **Your** trip.
5. The result of any settlement made to **You** by the **Common Carrier**.
6. Details of **Your** travel insurance and any payment made by them (if applicable).
7. Any other documentation that may be reasonably requested by the **Administrator** to validate a request for reimbursement.