



Claim Form for Travel Insurance Reimbursements

Please complete clearly in **BLOCK CAPITALS**.

One form must be completed for each patient, for each medical condition treated.

The sections marked by an asterisk (*) must be completed in full by the claimant, or the main member on behalf of the claimant if the claimant is a dependant under the age of 18. Assessment of the claim may be delayed if all the necessary sections of this form are not completed.

Further information about how to complete this form can be found on the last two pages.

* Section 1: Main member/claimant details

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other: _____	
Family name (surname): _____	First name(s): _____	
Date of birth (dd/mm/yyyy): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member ID ¹ : _____	Plan number: _____	
Plan sponsor: _____		
Correspondence address: _____		
Town: _____	Postcode: _____	Country: _____
Email: _____		
Daytime phone: _____	Evening phone: _____	

¹ as shown on your Member ID Card - it could be 6 or 8 digits.

* Section 2 Claimant details (if different from Section 1)

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Other: _____
Family name (surname): _____	First name(s): _____
Date of birth (dd/mm/yyyy): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Member ID ¹ : _____	
Trip start date (dd/mm/yyyy): _____	Trip end date (dd/mm/yyyy): _____

* Section 3: Medical expenses and repatriation

Did you return to your home address on the intended date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', when did you return (dd/mm/yyyy)?	_____	
Who accompanied you?	_____	
Did you call the 24-hour International Helpline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*** Section 4: Loss of deposits, cancellation and curtailment**

Date holiday booked (dd/mm/yyyy): _____

Please attach original booking invoice and conditions/cancellation invoice.

Date of scheduled departure (dd/mm/yyyy): _____ Time of scheduled departure: _____

Date of cancellation or curtailment (dd/mm/yyyy): _____

Reason for cancellation or curtailment: _____

Please attach original cancellation notice if applicable. If caused by illness, injury or death, Section 3 needs to be completed or attach relevant medical report/copy of death certificate.

If the sick or injured person is someone other than the claimant, provide the following information:

Name: _____

Relationship to the claimant: _____

Address: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

*** Section 5: Travel delay/hijack**

Length of delay/hijack, specify how many hours: _____ Date(s) (dd/mm/yyyy): _____

Departure point: _____ Flight number if relevant: _____

Public transport carrier: _____

Cause of delay: _____

Evidence (Irregularity Report) must be supplied by the provider of the public transport service to confirm the length and cause of the delay.

*** Section 6: Missed departure**

Reason for missed departure: _____

Detail the expenses incurred: _____

Type of expenses claimed:	Invoice amount (including currency):
	Total:

Attach original receipts and provide evidence to support the reason you missed your departure.

*** Section 7: Loss/damage of money/delayed luggage**

Date of loss (dd/mm/yyyy): _____ Time of loss: _____
 Place of loss: _____
 Circumstances in which loss or damage occurred: _____
 Where and to whom did the loss or damage occur: _____
Please attach the original Irregularity Report or Police Report and complete the following information:
 Contact name: _____
 Address: _____
 Date loss reported (dd/mm/yyyy): _____
 Name of household contents insurer and policy number: _____
 Address of household contents insurer: _____

Give details of items lost/replaced. Continue on a separate sheet if needed. You must attach the original receipts with your claim.

Item:	Date of purchase (dd/mm/yyyy):	Place of purchase:	Method of payment:	Owner's initials:	Amount (including currency):
Total:					

Give details of money lost or stolen:

Description (e.g. cash, traveller's cheques, etc.):	Value taken on trip:	Amount lost (including currency):
Total:		

*** Section 8: Loss of passport/travel documents**

Give details of and reasons for expenses incurred and attach original receipts.

Type of expenses claimed:	Value taken on trip:	Amount (including currency):
Total:		

*** Section 9: Declaration – the Declaration must be signed by the claimant or the main member if the claimant is a dependant under the age of 18**

I declare that, to the best of my knowledge, all the information provided on this Claim form is truthful and correct. I understand that Al Ain Ahlia will rely on the information provided as such. I agree and accept that this declaration gives Al Ain Ahlia, and its appointed representatives, the right to request past, present, and future medical information in relation to this claim, or any other claim related to the member/covered individual, from any third party, including providers and medical practitioners. I declare and agree that personal information may be collected, held, disclosed, or transferred (worldwide) to any organization within the Aetna group, its suppliers, providers and any affiliates.

Claimant's/main member's signature: _____	Date (dd/mm/yyyy) _____
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Important information

Please remember these important points when completing your Claim form:

- Assessment of your claim may be delayed if you and your medical practitioner, specialist or therapist do not complete all the necessary sections of this form.
- Send your claim to us as soon as possible. We recommend that you do so within a maximum period of six (6) months of the first treatment date.
- Always send us the original invoices with this form. Photocopies, receipts and credit card statements will not be accepted.

Section 1 – Claimant details

- If the claimant is a dependant under the age of 18, the main member must complete the form and sign the declaration for them. If the claimant is a member under the age of 18, the parent or legal guardian named as the planholder must complete the form and sign the declaration for them.

Section 7 – Loss/damage of money/delayed luggage

- If you have a household contents insurance plan or policy that covers you for lost/damaged goods, we will need to know the details as it may affect the amount we pay in respect of your claim.

Section 9

If the declaration has not been read and signed, we will not be able to process your claim.

Section 10 – Payment details

- If you are not personally seeking reimbursement we will pay the treatment provider directly, as long as the payment instructions are shown clearly on the invoice.
- If you are personally seeking reimbursement, we will only issue payment to:
 - the claimant if they are 18 or over
 - the planholder if the claimant is under 18 and is a dependant under the plan, or
 - the parent or legal guardian named as the primary member, if the claimant is under 18
- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or recipient bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find the payment information on your bank statement.
- Payment by foreign draft or cheque in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft or cheque. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the base currency of your plan. For the current list of applicable currencies and countries please refer to our website.
- We cannot issue non-QAR foreign drafts or cheques to members/providers with bank accounts based in Qatar as the banks will not allow those to be encashed.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.
- Whenever coverage provided by any insurance policy is in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna companies cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions

We know you may have questions and we're always here to help. You can call us any time on the phone number listed on the back of your Member ID Card.

You can also send us a secure email by logging in to www.aetnainternational.com and clicking 'Contact us'.

You can scan your claims to us, rather than post them. It is important that any claim you send to us is done either by scan or originals, but not both.

Excess

The standard excess for each claim will be deducted from any reimbursement.

Checklist

- By post/Fax - Have you included:
 - A fully completed Claim form with signed and dated declarations
 - Original itemised invoices

Photocopies, receipts and credit card statements are not acceptable. We are unable to return original documents, but are happy to provide certified copies on request.

 - An original Irregularity Report from the airline and/or Police Report if you are claiming under sections 5-8?
- By email:
 - Have you followed the scanned claims acceptance criteria and included any documents as required?

You will find the criteria for accepting scanned claims in your Claims procedures.

Send your claim to us

- | | |
|---|--|
| <ul style="list-style-type: none"> • By post: <ul style="list-style-type: none"> Aetna Global Benefits Limited (Middle East) LLC 28th Floor, Media One Tower Building Dubai Media City TECOM PO Box 49499 Dubai United Arab Emirates | <ul style="list-style-type: none"> • By fax: +971-4-428-7101 • By email: MEAServices@aetna.com • Secure Member Website <p>For the quickest and most convenient way of submitting your claim, please register for the Secure Member Website at www.aetnainternational.com and submit your claim online.</p> |
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Contact us.

- For claim related queries please contact our 24 hour Member Services helpline at: Collect or Direct +971-4-438-7602

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Policies are underwritten by Al Ain Ahlia Insurance Co. (PSC), incorporated under the Abu Dhabi by Act 18 of 1975, Insurance Registration No. 3 of Law No. 6 of 2007 concerning the establishment of UAE Insurance authority and its regulations, and administered by Aetna Global Benefits (Middle East) LLC (Registration No. 5). Registered address: 28th Floor, Media One Tower Building, Dubai Media City, TECOM, PO Box 6380, Dubai, UAE.

Important: This is a non-US insurance product that does not comply with the US Patient Protection and Affordable Care Act (PPACA). This product may not qualify as minimum essential coverage (MEC), and therefore may not satisfy the requirements, if applicable to you and your dependants, of the Individual Shared Responsibility Provision (individual mandate) of PPACA. Failure to maintain MEC can result in US tax exposure. You may wish to consult with your legal, tax or other professional advisor for further information. This is only applicable to certain eligible US taxpayers.

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