

CLAIMANT'S STATEMENT – POLITICAL EVACUATION

FORM SUBMISSION OPTIONS

Paper Form - Mail to:

Tokio Marine HCC – MIS Group
Box No. 2005
Farmington Hills, MI 48333-2005
USA

Email:

service@hccmis.com

Claimant's Name		
Citizenship:	Home Country:	Visiting Country:
Date of Birth (MM/DD/YY):	Mailing Address:	
Phone:	Email:	Policy Identification Number:

Did On Call International make your travel arrangements? Yes No

Date and method (phone, email, fax, etc.) you first contacted Tokio Marine HCC - MIS Group for Political Evacuation:

Date (MM/DD/YY): _____ Method: _____

Date you arrived in the country from which you were politically evacuated:

Date (MM/DD/YY): _____

If you made your own arrangements, please complete and attach necessary documentations:

- Where did you evacuate from _____ and to _____?
- Date of Travel (MM/DD/YY): _____
- Did you have a previously scheduled flight? Yes No
 - If so, did you contact airlines to change original tickets? Yes No
 - Did you incur change fee? Yes No If so, please attach.
 - Were you reimbursed for from the airline for any previously scheduled flight that was not utilized for the Political Evacuation? Yes No If so, please include amount of refund.
- If you did not return to your home country, please advise why you selected a country that was not your home country? _____
- Please attach all airline flight information and receipts.
- If you are outside the USA and prefer a wire transfer, please complete the below wire transfer form.

AUTHORIZATION AGREEMENT FORM - WIRE PAYMENTS

The insured hereby authorizes HCC MEDICAL INSURANCE SERVICES, LLC, to initiate credit entries to the account indicated below at the depository financial institution named below. It is also acknowledged that the origination of WIRE transactions to specified account must comply with the provisions of U.S. law. **Additionally, HCC MEDICAL INSURANCE SERVICES, LLC reserves the right to limit wires to a \$250 minimum.**

1. Beneficiary Name:		2. Home Telephone (If Applicable):		3. Email Address (If Applicable):	
4. Beneficiary Address:					
5. City:		6. State:		7. Postal Code:	
				8. Country:	
Bank Information					
9. Bank Name:		10. Beneficiary Account Number or IBAN Number:		11. Swift Code or Routing Number:	
12. Bank Branch & Address:					
13. City:		14. State:		15. Postal Code:	
				16. Country:	
Intermediary Bank Information (If Applicable)					
9. Bank Name:		10. Account Number or IBAN Number:		11. Swift Code:	
12. Bank Branch & Address:					
13. City:		14. State:		15. Postal Code:	
				16. Country:	

Printed Name of Insured Person

Insured Signature

Date (MM/DD/YY)

VERIFICATION

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

Print Name

Claimant Signature

Date (MM/DD/YY)