



TRAWICK
INTERNATIONAL

Premium Reimbursement Form

Please fill out all Sections and attach the return ticket documentation receipt. Receipts can be anything that shows you returned to your home country, as declared with us, on the date you are asking for the refund to start. The earliest refund will be the date the request is received.

Section I: Member Information			
Member ID Number: Policy Number:	Member Name:	Date of Birth:	
Section II: Mailing Information Please check here if address has changed			
Street Address:	City:	State:	Zip:
Telephone Number:	Alternate Number:	E-Mail Address:	
Section III: Reason for Refund request (Please attach copy of return plane ticket or other documentation of early return.)			
Section IV: Statement and Signature Required			
I state that I have not suffered any loss under the above policy for which I have made a claim or intend to make a claim. If after a refund is made, it is determined that a claim was presented to the company on my behalf, I understand that I will be fully responsible for that claim in its entirety. Refunds are made within 30 days of receipt of this request. If your payment was made by check – the refund is done by check. If your payment was made by credit card, we credit the card that was used for the transaction.			
Member Signature:		Date:	
Member/Guardian's Signature if patient is a Minor:		Date:	

FRAUD WARNING: Any person, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, who submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Trawick International Inc. 1956 J University Blvd S #264 Mobile AL 36609
888-301-9289 FAX 251-666-1806 Email: Info@trawickinternational.com