

**Notice to Insured Persons:** This insurance requires submission of valid Proof of Claim within a limited time frame as indicated in the Certificate. This document is an essential part of Proof of Claim. Failure to submit an accurate, legible, completed and signed Return of Minor Child(ren) Questionnaire, together with all required attachments, within the specified time frame will result in processing delays and may result in denial of coverage for failure to submit Proof of Claim.

## PART A: Insured Person Information

Full Name: (as it appears on ID card)	Date of Birth: (mm/dd/yyyy)	Gender: Male      Female
ID Number: (found on ID card)	Passport/Visa Number:  Attach a complete copy, include every page even if blank	

## PART B: Student/Scholar Information

Attach additional sheets if claim involves more than one child		Additional Child(ren)
Full Name of Child:	Date of Birth: (mm/dd/yyyy)	Gender: Male      Female
Passport/Visa Number:  Attach a complete copy, include every page even if blank		

## PART C: Documents Required

Copy of Insured Person's Death Certificate if return is the result of Insured Person's death
Copy of Hospital medical records if return is the result of Insured Person's hospitalization
Chaperone Engagement/Authorization form if applicable
Copy of each child's unused return ticket
Copy of each child's current return ticket and itinerary
Copy of chaperone's itinerary and ticket if applicable

## PART D: Verification

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

<b>Printed Name of Insured:</b>	<b>Date: (mm/dd/yyyy)</b>
<b>Signature of Insured:</b>	

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.