CG | ATLANTIC MEDICAL & LIFE

TRAVEL ARRANGEMENT PROTECTION REIMBURSEMENT FORM

Travel Protection Insurance

Please complete this form and send it to us with the appropriate receipts and positive COVID-19 test result. Do not staple receipts to the form. This form and receipts must be received within 90 days of Departure Date and must include itemized invoices/receipts/test result.

Please submit this form and supporting documents by:

- **E-mail to CGAtlantic_travelclaim@cgcoralisle.com or**
- **Fax to 242-351-7442 or**
- **Mail to Atlantic Medical Insurance Limited, PO Box SS-5915, Nassau, Bahamas**

PART 1 GENERAL INFORMATION

Primary Insured's Surname _____ First Name _____ Initials _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Gender ☐ Male ☐ Female

Traveler ID No. _____ Trip ID No. _____

Date Diagnosed with COVID-19 _____

Arrival Date _____ Departure Date _____

PART 2 ADDITIONAL TRAVELLERS

Please list any additional travellers in your party:

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Surname _____ First Name _____ Initials _____ ☐

Were any travellers in your party also quarantined or diagnosed with COVID-19? ☐ Yes ☐ No If Yes, please indicate which ones by ticking ☐ next to their name above.

PART 3 REIMBURSEMENT INFORMATION

If reimbursement is being submitted for a child under the age of 18, please provide the name of parent or legal guardian:

Surname _____ First Name _____ Initials _____

Address if different from above: _____

PART 4 DECLARATION

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Travel Protection Insurance.

Signature _____ Date _____

Atlantic Medical Insurance Limited
Atlantic House, 2nd Terrace & Collins Avenue | PO Box SS-5915, Nassau, Bahamas | Tel 242 326 8191 | Fax 242 326 8189
Suite 7-8, Jasmine Corporate Center | PO Box F-42655, Freeport, Grand Bahama, Bahamas | Tel 242 351 3960 | Fax 242 351 7442
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Health Insurance and Employee Benefits

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