



Assignment of Benefits

I, _____ (claimant or guardian of claimant) authorize United States Fire Insurance Company & Trip Mate, Inc. to release payment of benefits under my Travel Protection Plan Policy ID Number _____ directly to _____ (Payment Assignee) to cover any expenses incurred under claim # _____ for the benefit of _____ Insured (claimant), up to the maximum benefit amount.

I understand that any reimbursement I may receive under the Travel Protection Plan purchased for travel dates _____ would be refunded to _____ (Payment Assignee) for any costs prepaid on my behalf, up to the maximum benefit amount. It is also incumbent upon me to cooperate in the facilitation of any refund and in the processing of my Travel Protection Plan claim.

Agreement

I represent that all statements contained herein are true and correct and that I have read, understand and agree to the terms and conditions as outlined on this page.

Claimant Signature (required) Date

Parent/Witness Signature (required if Insured is Minor) Date

Submission Instructions:

- Assignment of Benefits Form is required for each claimant designating benefits to a payment assignee.
- Drivers License/Passport of Claimant showing signature of claimant/guardian of claimant) must be included with the above completed portion.
- Address of Payment Assignee: _____
- Send completed form & required attachments to Trip Mate, Inc at mail@travelclaimsonline.com