## **SAMPLE WITH INSTRUCTIONS**

## **Assignment of Benefits**

l, Paren	(Add Name) t of Student under 18 of	Tax 1 1 7 4 5	•	ize United States Fire Insuran	
inc. to		t benefits under my School of Music		Policy ID NumberUF3700 nt Assignee) to cover any exp	
claim i	#for t	he benefit of	(Add Name) Student	Insured (claimant), up to	the maximum benefit
amour	nt.		Student		
I understand that any reimbursement I may receive under the Travel Protection Plan purchased for travel dates					
	74%	would be refunded	toPreu	cil School of Music	(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.					
Agree	ment				
		nents contained here	in are true and corre	ct and that I have read, under	rstand and agree to the
terms and conditions as outlined on this page.					
	Naimant Signature (require Student Sign if 18+	d) Date		gnature (required if Insured is Minor) udent is under 18	Date
2	Audent Sign II 10+		raient sign II St	udent is under 10	

## 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 Address of Payment Assignee: 524 Johnson Street Iowa City, IA 52245
- . Send completed form & required attachments to Trip Mate, Inc at mail@travelclaimsonline.com