

# 早期帰国の場合の記入例

## Premium Refund Request Form



Global Assistance

### PLEASE COMPLETE IN FULL AND ATTACH ALL REQUIRED DOCUMENTS\*

A separate form must be completed for each policy

(\* Incomplete request form and/or insufficient documents may cause delay in your refund)

### IMPORTANT NOTES:

- Refunds for plans that include Trip Cancellation & Interruption, require proof that all penalties have been waived by the travel supplier.
- Emergency Hospital & Medical Multi-Trip Plans are not refundable after the effective date.
- Refund amount less than the minimum premium will not be issued.
- Refunds will be processed back to the method of payment. Please provide the payee's name and mailing address in the event a cheque has to be issued.

(\* Please note required documents may include sensitive personal information. Collection of this personal information will only be used for the purpose to issue a refund.

Insured(s) Name(s) **Hanako Yamada** (保険加入者の名前をローマ字で記入)

Policy Number **BRK0000000000 or 12345789**

(保険証券番号 BRK 始まりの番号か数字 8 桁)

☒ Partial Refund ☐ Full Refund

### PROVIDE THE REASON(S) FOR YOUR REFUND REQUEST:

(Please refer to the Premium Refunds section of your policy booklet for the complete list of valid reasons, limitations, conditions and required documents that apply to your insurance plan.)

**Return to the country of origin permanently prior to the expiry date.**

### CLAIM WAIVER (to be signed by insured)

I/we declared that I/we have not made a claim, nor will I/we make any claims against Policy Number **BRK0000000000 or 12345789** (保険証券番号)

In consideration of a refund, I/we hereby surrender all rights and privileges that I/we may have pertaining to the above cited

Policy effective date (refund date) **01/15/2024** (日本帰国日を月/日/年の順で記入。パスポート帰国印や航空券の帰国日と一致させる。)

I/we consent to the collection of our personal information for the purposes of issuing a refund. I understand I can request my personal information to be deleted at any time by contacting the Privacy Officer at [privacy@allianz-assistance.ca](mailto:privacy@allianz-assistance.ca)

Refund Payable to (please print): **Hanako Yamada** (保険料支払い時に利用したクレジットカード名義名をローマ字で記入)

Mailing address: **1-2-3, Yamada-ku, Tokyo, Japan 123-4567** (日本の住所をローマ字で記入)

Name <b>Hanako Yamada</b> (保険加入者の名前をローマ字活字体)	Signature <i>Hanako Yamada</i> (ローマ字筆記体か漢字で署名)	Date <b>01/15/2024</b> (署名した日付)
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### THIS SECTION ONLY TO BE COMPLETED BY TRAVEL AGENT/ADVISOR

Signature of Travel Agent/Advisor	Agency code <b>1345</b>	Policy number <b>BRK0000000000 or 12345789</b> (保険証券番号)
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Refund request forms can be scanned, along with required documents and emailed to Policy Management at [refunds@allianz-assistance.ca](mailto:refunds@allianz-assistance.ca) or by Toll-free fax at 1-866-694-8032.

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Allianz 

Global Assistance

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Insured(s) Name(s)

Policy Number

Partial Refund

Full Refund

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**Policy effective date (refund date)** MM/DD/YYYY.

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**Refund Payable to (please print):**

**Mailing address:**

<b>Name</b>	<b>Signature</b>	<b>Date completed</b>
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Signature of Travel Agent/Advisor

Agency code

1345

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