

## Attention Team Leaders:

Every team member's insurance policy is owned by that team member. In the event that a claim is filed and settled, the check will be sent to the team member, regardless of who paid for the particular expense being claimed. In the event that you or the organization pays for an expense on behalf of the team member, it will be incumbent upon you to have the traveler sign this "Assignment of Benefits" letter instructing the insurance company to pay the individual or organization who paid the expense. All insureds who will be filing a claim will need to sign this form and submit a valid photo ID with it. This can be a driver's license or a passport.

It is much easier to have all of your team members sign this form BEFORE they leave on their trip. This will save the admin or team leader a lot of time, so they don't have to track down each traveler to complete the form after the trip ends and travelers disperse.

## Assignment of Benefits

I, \_\_\_\_\_ (policy holder name), authorize United States Fire Insurance Company/TripAssure to release payment of benefits under my Travel Protection Plan Policy ID Number \_\_\_\_\_ directly to \_\_\_\_\_ (name of person who paid) to cover any expenses they have incurred for my \_\_\_\_\_ (type of claim) claim for the benefit of the Insured, \_\_\_\_\_. I understand that any reimbursement I may receive under the Travel Protection Plan purchased for travel dates \_\_\_\_\_ would be refunded to \_\_\_\_\_ for any costs prepaid on my behalf. 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature (required) Date

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

**YOUR PHOTO ID  
MUST BE SUBMITTED**  
WITH THE ASSIGNMENT OF BENEFITS FORM