

## Insurance Claims - Trip Cancellation and Delay

If your program includes benefits for Trip Cancellation and/or Trip Delay, you can submit a claim to the [Claims Administrator](#) for reimbursement of covered expenses. To confirm if these features are included in your insurance, please download the appropriate [Summary of Benefits](#) applicable to your program. The [Summary of Benefits](#) includes full details of the benefits, coverage terms, conditions, and limitations.

### HOW TO FILE A CLAIM FOR REIMBURSEMENT

*Note: It is your responsibility to make sure that the completed claim form and correct supporting documentation is submitted timely.*

- Download a [copy of the claim form](#) or request by [email](#).
- Fill out the claim form completely.
- Be descriptive in regards to what occurred. For *Trip Cancellation*, you need to include supporting documentation such as medical reports, death certificates, police or other media reports, past medical history, and any other relevant information (depending on the reason for cancellation or delay). Include confirmation of prepaid, unused and non-refundable expenses for the trip (proof of expenses). For *Trip Delay*, you will need to provide a letter from the airline or similar document stating reason for delay, length of delay (e.g. 12 hours), receipts for expenses incurred during delay, etc. If a question applies to your particular situation, please answer it.
- Be specific – include dates, times, names, etc.
- Be sure to include full contact information - your name, home address, email address, and mobile (or home) phone number.
- Attach your documentation
  - *Keep copies* of all the documents submitted in the event that anything has to be resubmitted.
  - If you are *requesting the payment on behalf* of someone else such as for your dependents, please write that the payment should be made out to you. Add payment information to the claim form itself, or attach a separate cover letter with explanation.
- Mail the claim form and documentation to the address shown on the claim form (or below), or you can send by [email](#).

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### CLAIMS PROCESS

- Claim processing may take up to up to 30 days from when all required and complete information is received. If something is missing or additional information is required, you will be informed with the Explanation of Benefits (EOB) outlining what may be needed. You should follow the instructions carefully and arrange for anything outstanding to be submitted. The most common causes for late claim processing is missing information or incomplete claim forms.
- Once the claim is processed the payment is usually made by check be issued to you unless directed otherwise. The payment will be sent to the address you provided on the claim form. You will receive an EOB that will describe the claim, what is covered, or what is not covered and why.

### TIPS

- ✓ Claims should submitted as soon as reasonably possible to expedite the processing of the claim, but no later than 90 days from the date of the onset of the condition.
- ✓ After you submit the claim, you can follow up with ACI to make sure the process is going smoothly.
- ✓ Keep an eye on your mail or email for correspondence.

*Have questions or need some help?* Please [call](#) or [email ACI's](#) customer service for assistance.