

Refund Application

In order to process your refund correctly, please complete the entire form.
Refund requests received with incomplete information will not be processed.

Contact Us

Email: refunds@tugo.com | Toll free: 1 855 929 8846

Refund Application Procedures

- All requests for refund must be submitted to TuGo using this Refund Application form.
- Refunds are only available in specific situations; please refer to the Refund section of the Policy Wording for a complete description of refund rules.
- Refunds are issued based upon the Policy Wording version in effect on the policy application date.
- Refunds may be subject to an administration fee.

Refund Application Form

Policy Details

Name of Person Requesting Refund: _____

Policy Number: _____ Date of Refund Request: _____ DD | MM | YYYY

Name(s) of Insured(s) Requesting Refund

Full Refund

Partial Refund

Applicable to Single Trip - Partial Refunds for Early Return

Departure Date: _____ DD | MM | YYYY Early Return Date: _____ DD | MM | YYYY

Refund When no Travel has Taken Place

Applicable to Multi Trip Annual - Extensions

Extension Start Date: _____ DD | MM | YYYY Early Return Date: _____ DD | MM | YYYY Extension End Date: _____ DD | MM | YYYY

Original form of payment used to purchase the policy is still valid Yes No

To comply with Anti-Money Laundering Legislation, refunds will be issued on the original method of payment used. If the original method of payment is not valid, a cheque may be issued, provided supporting documentation is provided to TuGo.

Reason for Refund

Documentation Enclosed

- Proof of date of return, for partial refunds only.*
- Copy of Death Certificate, if applicable.
- Visitors to Canada/Students who have become eligible for Provincial Medical plan must include a copy of the letter from the provincial plan indicating the date coverage began.

* There will be no refund if adequate documentation is not received.

Insured or representative of the Insured's Declaration

I/We hereby declare and agree that no claim has been or will be submitted as of today's date.

TuGo Office Use Only

Admin Fee:

Authorized By:

Date Processed:

SIGNATURE Insured _____ Date _____ DD | MM | YYYY

SIGNATURE Representative of the Insured _____ Date _____ DD | MM | YYYY