



To report a claim:
Return the required documentation detailed below, along with your original, signed, claim form to:

Old Republic Insurance Company
4600 Witmer Industrial Estates,
Suite 6
Niagara Falls, NY 14305

You can download claim form(s) at: <http://www.tripinsurance.com/claims>

Medical Expense Claims

Emergency Medical Claim Form

This entire form is to be completed, signed, and dated by any insured submitting a claim for reimbursement. Incomplete forms will be returned to you for completion which may result in a delay in the processing of your claim.

Medical Expenses

Doctor, hospital and/or prescriptions

Original receipts for any out-of-pocket expenses incurred. Also, please submit documentation to support the diagnosis and treatment of the sickness or injury.

Explanation of Benefits

Primary health insurance carrier

Submit the paperwork you received back from your primary health care provider, showing what they paid and what was not covered.

Corporate Headquarters
16933 Parthenia Street, Suite 200
Northridge, CA 91343
(800) 423-3632 Phone
(888) 424-8731 Fax



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"People Who Care"

National Sales Office
1903 Gables Lane
Vienna, VA 22182
(800) 828-0297 Phone
(888) 424-8731 Fax