

TRIP CANCELLATION DUE TO MEDICAL REASON OR DEATH

1. MEMBER INFORMATION

Last name, first name

Date of birth

CMCM identification number

Street address

Postal code

City

Country

Mobile

(to receive payment notification)

2. TRIP INFORMATION

| | DESTINATION | |
|------------------------|--------------------|---|
| Trip reservation dates | Country | |
| Date of departure | City | |
| Date of return | Total cost of trip | € |
| Date of cancellation | Cancellation fees | € |

3. MEMBERS PARTICIPATING IN TRIP

Number of members who had to cancel the trip

| | Last name, first name | Date of birth | Relationship to primary member |
|----|-----------------------|---------------|--------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

4. CAUSE OF CANCELLATION

a. Which person was the cause of the trip cancellation (illness, accident, hospitalisation)?

Last name, first name

Date of birth

Street address

Postal code

City

Country

Relationship to the primary member

To be completed by the attending physician

b. What is the cause of the trip cancellation?

ILLNESS

Detailed description of diagnosis

Date illness began

Treatment

Date of hospitalisation (if applicable)

DEATH

Date of death

Stamp of attending physician

ACCIDENT

Detailed description of diagnosis

Date of accident

Treatment

Date of hospitalisation (if applicable)

Signed at _____ on _____

Signature

The statement of fees related to this medical report is the responsibility of the patient.

5. DOCUMENTATION TO BE SUBMITTED

a. In the event of medical treatment (illness, accident, hospitalisation)

- Original invoices for trip and cancellation costs
- Proof of partial reimbursement or denial of reimbursement from travel service providers (tour operator, airlines, hotels, ...)

b. In the event of death

- Certificate of death
- Original invoices for trip and cancellation costs
- Proof of partial reimbursement or denial of reimbursement from travel service providers (tour operator, airlines, hotels, etc.)

The CMCM provides a complement to services from other organisations, such as the tour operator, the airline company, etc.

The CMCM also transfers personal data to its partner Baloise Assurances Luxembourg SA for the purpose of processing trip cancellation claims. This data transfer is essential for the management and handling of this trip cancellation insurance. The data collected will be limited to only that which is necessary for the fulfilment of this guarantee and for the duration necessary to achieve this purpose. All data collection, processing and transfer is carried out in compliance with the CMCM's data protection regulations.

6. BANK DETAILS FOR REIMBURSEMENT

Account holder

BIC code

IBAN code

7. STATEMENT OF TRUTH

I, the undersigned,

declare that the information provided on this form is accurate and accept that this information will be transmitted by the CMCM to Baloise Assurances SA for the processing of this claim.

Signed at

on

Signature

Claim form, to be returned to CMCM, 32-34, rue de Hollerich, L-1740 Luxembourg.