



TRAVEL INSURED INTERNATIONAL®

A CRUM & FORSTER COMPANY

ASSIGNMENT OF BENEFITS FORM**

**Return completed form to your Group Leader
at the time the first Trip Payment is due**

It is understood and agreed upon that in the event any funds are due reimbursement to

(name of Booster Organization or other 3rd Party)

Travel Insured International is hereby authorized to release directly to the
aforementioned on my behalf as part of my claim settlement.

Group or Plan Participant Signature _____

Date _____

Parent/Guardian's Signature _____
(if Plan Participant is under 18 years old)

Claims Questions: 1-800-243-3174, Weekdays 8:00am – 6:00pm, www.travelinsured.com
Travel Insured International, PO Box 6503, Glastonbury, CT 06033-6503

**Bennett Travel is not involved in the insurance claim process