## **Attention Team Leaders:**

Every team member's insurance policy is owned by that team member. In the event that a claim is filed and settled, the check will be sent to the team member, regardless of who paid for the particular expense being claimed. In the event that you or the organization pays for an expense on behalf of the team member, it will be incumbent upon you to have the traveler sign this "Assignment of Benefits" letter instructing the insurance company to pay the individual or organization who paid the expense. All insureds who will be filing a claim will need to sign this form and submit a valid photo ID with it. This can be a driver's license or a passport.

It is much easier to have all of your team members sign this form BEFORE they leave on their trip. This will save the admin or team leader a lot of time, so they don't have to track down each traveler to complete the form after the trip ends and travelers disperse.

Assignment of Bene	fits		
I,(policy hold	der name), authorize United S	tates Fire Insurance Compar	ny/TripAssure to release payment o
benefits under my Travel Protection Pla	ın Policy ID Number	directly to	
Cherry Hills Community Church	_(name of person who paid) t	o cover any expenses they h	ave incurred for my
(type of claim) claim for the benefit of the Insured,			
understand that any reimbursement I m	ay receive under the Travel F	Protection Plan purchased for	travel dates
would be refunded to	for any costs prepaid on my behalf. It is also incumbent upon me to		
cooperate in the facilitation of any refun	d and in the processing of my	Travel Protection Plan clain	1.
Agreement  I represent that all statements contained he outlined on this page.	erein are true and correct and tha	at I have read, understand and a	agree to the terms and conditions as
Applicant Signature (required)		/	_/ e
Parent/Witness Signature (required if Insure	 ed is Minor)	/	_/ re