

Sample Travel Insurance Benefit Statement

Repatriation of Remains

Policyholder Name: _____

Policy Number: _____

Date of Issue: ____/____/____

Claim Reference: _____

Benefit Summary

This document confirms that the covered individual under the above-mentioned travel insurance policy is entitled to repatriation benefits as outlined in the terms and conditions of the policy.

- **Type of Benefit:** Repatriation of mortal remains
- **Maximum Coverage Amount:** USD 15,000
- **Coverage Territory:** Worldwide
- **Benefit Period:** During the insured travel period

Summary of Covered Expenses

Description	Amount
Preparation and transportation of remains	USD 5,000
Cost of embalming and coffin	USD 2,500
Administrative fees and permits	USD 500
Air transportation	USD 6,000
Total Covered Amount	USD 14,000

Remarks

Payment of benefits is subject to the terms and conditions of the policy. Documentation, including official death certificate and transportation invoices, may be required.

Authorized Signature

Date: ____/____/____