

Group Travel Insurance Beneficiary Statement

1. Policy Holder & Group Information

Policy Number

Group/Employer Name

Contact Person

Contact Number

2. Insured Member Details

Full Name

Date of Birth

Membership/Employee ID

Nature of Claim

Date of Incident

3. Beneficiary Information

Beneficiary Name	Relationship	Date of Birth	Percentage (%)

4. Claim Details

Claim Amount**Description of Loss/Incident****5. Declaration & Authorization****Declaration**

I hereby declare that the information provided above is true and complete to the best of my knowledge.

Beneficiary Signature

Date

Witness/Agent Signature

Date