

To report a claim:

Return the required documentation detailed below, along with your original, signed claim form to:

Traveler Claims

4600 Witmer Industrial Estates, Suite 6
Niagara Falls, NY 14305

Medical Expense Claims

Emergency Medical Claim Form

The entire claim form should be completed, signed and dated by the insured submitting a claim for reimbursement. Incomplete forms will be returned to the insured for completion which may result in a delay of the claim processing.

Medical Expenses:

Doctor, hospital and/or prescriptions

Original receipts/itemized accounts for any out of pocket medical expenses incurred. Also, please submit documentation to support the diagnosis and treatment of the sickness or injury.

Explanation of Benefits

If also submitted to another carrier, please forward a copy of the other carrier's explanation of benefits showing what was paid and what was not covered.