

Name of Insured: \_\_\_\_\_  
 Claim Number: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_

Please complete the following Claims Expense Form to assist in the review of your claim.

**Expenses:** Itemized list of items you are requesting a refund on. Ex: Airfare, Meals, Hotel, Taxis

**Amount Paid:** The amount you paid for the Expense.

**Amount Already Refunded:** The amount paid by another entity for the Expense.

Ex: Airline refund, meal vouchers.

**Total Amount Requested:** The amount you paid minus any refunds received.

| EXPENSES | AMOUNT PAID | AMOUNT ALREADY RECEIVED | TOTAL AMOUNT REQUESTED |
|----------|-------------|-------------------------|------------------------|
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Please submit the required documents through any of the following communication channels:

Email: [StarrTravelClaims@sedgwick.com](mailto:StarrTravelClaims@sedgwick.com)

Upload Documents: [www.starrtravelclaims.com](http://www.starrtravelclaims.com)

**Fax:** 614-956-2234

**Mail:**

Starr Travel Claims c/o Program Administrator at Sedgwick Claims Management Services, Inc.

PO Box 94645 Cleveland, OH 44101-4729