



Completion of this form does not guarantee payment. Claims are subject to the terms of the policy. An incomplete form may result in delay of processing.

COMMISSION PROTECTION PLAN - CLAIM FORM

Please be reminded that the Commission Protection agreement for Manulife Travel Insurance covers commissions recalled on insured bookings that have a payable claim. Please fill out this form and be sure to include supporting documents as required, including proof that commission has been recalled or withheld. Your clients' trip must have been fully paid. This plan does not cover commission that are recoverable from any other source. The maximum benefit that will be paid is \$7,500 per trip. The claim must relate to a trip cancellation policy issued in connection with the cancelled trip. We do not cover service fees. Your client's claim must be payable under one of our insured risks before your lost commission can be repaid.

SECTION A

AGENCY INFORMATION

Agency Name: _____

(if you are in Independent Consultant/Home Based Agent, this must be the name of the HOST agency contracted with Manulife)

Agency Address: _____

(if you are in Independent Consultant/Home Based Agent, this must be the address of the HOST agency contracted with Manulife)

Agency Code: _____ Agent Name: _____

SECTION B

CLIENT INFORMATION

Name of Client: _____

Client Policy #: _____

Client Claim #: _____

Lost Commission Amount: \$ _____

SECTION C

REASON FOR CLAIM

- Wholesaler/Travel Supplier withheld commission
- Wholesaler/Travel Supplier recalled commission
- Commission repaid to client on a net fare ticket
- Other _____

SECTION D

APPLICABLE DOCUMENTS

Please submit the following supporting documentation with your claim form

- Client invoice showing trip paid in full to the travel agency
- Invoice showing trip paid in full to the Wholesaler/Travel Supplier (gross payment by client)
- Copy of cheque/invoice or recall commission statement from Wholesaler/Travel Supplier showing refund less commission
- Copy of refund cheque/invoice to client showing refund less penalty

Mail To: Attn: Claims-Commission Protection Form
c/o Active Care Management
P.O.Box 1237, Stn A
Windsor, ON N9A 6P8

Submit Online
<https://manulife.acmtravel.ca>