



Fenchurch General Insurance Company

Institution Form

Complete this form when a student submits the claimant statement requesting coverage for Tuition Insurance Benefits.

Immediately send the form to Fenchurch General Insurance Company

Fax: 877.364.6666 or

Email: claims@fenchurchgeneral.com

Phone: 833-643-3337

SCHOOL CONTACT INFORMATION

Please Print

Site / Location

School

Last Name

First Name

Phone

Address:

Postal Code:

Please specify, is the Student enrolled in † Full Time Studies † Part Time Studies † Causal Studies

Is the Student eligible to apply for Tuition Insurance Benefits ^ NO ^ YES

Is the Student eligible to apply for Book Reimbursement Benefits ^ NO ^ YES

Has the Student been awarded Tuition Insurance Benefits in the past - NO - YES Amount:

Last Day/Semester Attending Classes

Date First Absent

Date Faxed to FGIC

Doctor's note provided to School ^ NO ^ YES, If yes, please fax to FGIC

Has the Student provided an estimated date for return to studies? ^ NO ^ YES If yes, specify date below

Estimated (or actual) return to school date (Day/Month/Year) School Administrator(s) Signature

Please submit completed form to:

Email: Claims@fenchurchgeneral.com

Fax: 1.877-364-6666

Fenchurch General Insurance Company
55 University Ave, Suite 1604
Toronto, ON
M5J 2H7