



**NON-INSURED HEALTH BENEFITS
EARLY DEPARTURE DECLARATION**

Leaving home community early for out of town medical appointment

Section 1: Beneficiary appointment information *(Please print.)*

Name:	Escort Name:
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Section 2: Beneficiary declaration and signature

I would like to depart early and should my appointment/s get rescheduled or cancelled I will reimburse NIHB the cost of the airfare. I also understand that when I leave early or stay longer I will be responsible for my own accommodations and meals.

Signature:	Date:
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For office use only

Trip Number: