



Rail Protection Plan™ Traveler's Request

Herein after referred to as "Request"

Rail Reference Number: _____ RPP Traveler's Name: _____

Address: _____

Email Address: _____

Phone: _____

I. EXCHANGES

- Illness Injury Death
- Self Immediate family member - please specify:
 - spouse child parent sibling

Required Documents Enclosed:

- Physician's letter Hospital record Death Certificate Original rail pass/ tickets

New Reference Number: _____

II. Cancellations

- Before departure from North America While in Europe
- Illness Injury Death
- Self Immediate family member - please specify:
 - spouse child parent sibling

Required Documents Enclosed:

- Physician's letter Hospital record Death Certificate Original rail pass/ tickets
- Airline itinerary/boarding pass showing North America-Europe and return (in case of cancellation while in Europe)

For partially used pass please specify how many days used on pass: _____

III. STRIKES

Required documents enclosed:

- Original tickets stamped by rail official

