TRAVEL LOG

Policy/Certificate #:_____

Underwritten by Family Heritage, a Globe Life Company

	Date(s) of Travel:	**Date(s) of Travel:**	**Date(s) of Travel:**	**Date(s) of Travel:**	**Date(s) of Travel:**
Name of Person(s) Traveling:					
Relationship of family member if traveled separately:					
Address Traveled From:					
Address Traveled To:					
Name of Facility:					
Please circle the services that were received:	Consultation Radiation/Chemotherapy Special Treatment Surgery Hospitalization	Consultation Radiation/Chemotherapy Special Treatment Surgery Hospitalization	Consultation Radiation/Chemotherapy Special Treatment Surgery Hospitalization	Consultation Radiation/Chemotherapy Special Treatment Surgery Hospitalization	Consultation Radiation/Chemotherapy Special Treatment Surgery Hospitalization
Mileage One-way:					

PLEASE NOTE: A copy of the itemized bill(s) for treatment and consultation report (if applicable) MUST be submitted with this form for all dates of service listed. Please refer to your policy for complete details, including any limitations and exclusions regarding the Transportation Benefit and the Family Member Transportation Benefit. You may contact the Claims Department if you have any questions at (440) 922-5151.

You can submit your claim by mail or fax to: Globe Life Insurance
P.O. Box 470608
Cleveland, Ohio 44147
(440) 922-5152 Fax