

Foreign Travel Insurance Request Form

**ATTACH: TRIP ITINERARY, APPROVED TRAVEL
AUTHORIZATION, ROSTER OF TRAVELERS**

ALL FIELDS MUST BE COMPLETED

Traveler's Information

Name (Last, First, MI.):

Email:

Cell Phone:

Alt. Phone:

Department:

Chartfield string for premium chargeback:

Purpose of Trip

Course(s):

Departure Date:

Return Date:

Destination(s):

Are any of the destinations on the State Dept.'s 'high hazard' or travel warning lists? YES NO

<http://travel.state.gov/content/passports/english/alertswarnings.html>

If YES, have you received appropriate approvals from the campus President? YES NO

Are any destinations on the War Risk list? YES NO

If YES, the Chancellor's office will require 30 days to process approval.

http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf

Traveler's Emergency Contact Information

Emergency Contact Person:

Contact's Email:

Group Information – Please attach separate sheet if a group is traveling, including names and email addresses of all travelers in the group, and names and email addresses for each traveler's emergency contact.

Number of Students:

Number of C.I. Employees:

Number of Others*:

*If 'Others' are traveling, please explain:

Risk Management will send an email confirming that coverage has been bound for the traveler(s), along with Travel Assist cards that each participant must carry while traveling.

If travel is cancelled, please notify Risk Management at ext. 8846 as soon as possible.

SEND COMPLETED FORM, ITINERARY, COPY OF TRAVEL AUTHORIZATION AND GROUP LIST (IF A GROUP IS TRAVELING) TO RISK MANAGEMENT.