

FOREIGN TRAVEL INSURANCE REQUEST FORM

Please complete the form and email to rms@csus.edu. Insurance cannot be requested until travel has been approved.

Trip / Traveler Information

Last Name: _____ First Name: _____ Desk Phone: _____

Department: _____ School Email: _____

Traveling Email: _____ Traveling Phone: _____

Will traveler enroll in [Smart Traveler Enrollment Program](#) (STEP): Yes ☐ No ☐

Education Destination Information

Departure Date: _____ Return Date: _____

Country(ies): _____ Cities/Town/Regions: _____

Purpose of Travel: _____

Personal Travel Information (allowance is 14 days)

Personal Travel? Yes ☐ No ☐ Days: _____ Itinerary (date range, countries, cities):

U.S. Emergency Contact

Name: _____ Email: _____ Phone: _____

Additional Travelers

Traveler 1: _____ Email: _____

*Type: _____ Relationship: _____ Age, if child: _____

Emergency Contact Name: _____ Email: _____ Phone: _____

Traveler 2: _____ Email: _____

*Type: _____ Relationship: _____ Age, if child: _____

Emergency Contact Name: _____ Email: _____ Phone: _____

*Other- It is not required for other participants to be insured (optional). Must be an immediate family member. Premiums are to be paid out of pocket.

Late Request (< 5 days notice, provide reason)

Reason: _____

Lodging Information

Lodging Name: _____ Phone: _____

Address: _____

Logistical Information

The [US Travel Warning List](#)? Yes ☐ No ☐ If **Yes** above, please complete the following:

Mode of Travel: Taxi ☐ Public Transportation ☐ Rental ☐ Other: _____

Airports Used While Traveling _____

Additional Security Measures being Taken? _____

LARGE GROUP TRAVEL

Large group travel is traveling in numbers of four (4) or more. If large groups are going on the same date, time, and flight, there will be a slight increase in premium costs.

Primary Coordinator:

Name: _____ Email: _____

Site Name (Collaborator / Partner): _____

Site Point of Contact:

Name: _____ Email: _____

Traveler Information	Group 1	Group 2	Group 3	Group 4
Departure Date				
Return Date				

Group Travel – Traveler List:

Please provide spreadsheet with the following information for each traveler:

- Group Number
- Traveler Last Name
- Traveler First Name
- Student ID number
- Traveler Type (student or faculty member)
- Traveler Phone
- Traveler Email
- Emergency Contact Name
- Emergency Contact Email
- Emergency Contact Phone