



### FOREIGN TRAVEL INSURANCE REQUEST FORM

Please complete the form as thoroughly as possible. Submit completed form by email to susan.colley-monk@csus.edu. Please include the approved International Travel Expense Justification (ITEJ) for your travel.

**Requestor Information:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Department: \_\_\_\_\_

**Primary Traveler & Trip Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Office Number: \_\_\_\_\_  
Primary Email: \_\_\_\_\_ Traveling Email: \_\_\_\_\_ Traveling Phone: \_\_\_\_\_  
Will traveler enroll in [Smart Traveler Enrollment Program](#) (STEP): Yes  No   
Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Country Destination(s): \_\_\_\_\_  
Cities/Town/Regions: \_\_\_\_\_  
Purpose of travel: \_\_\_\_\_  
U.S. Emergency Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**Additional Travelers:**

Name: \_\_\_\_\_ \*Type: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ \*Type: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ \*Type: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Traveler Types**

Faculty/Staff/CSU Employee - Anyone employed by the CSU, including paid student assistants

Student - CSU students. All students must sign a release of liability waiver and complete an informed consent waiver

Other Participants - includes all non CSU employees that would like to be insured. It is not required for other participants to be insured, but is optional. Must be an immediate family member of a CSU employee. Premiums are to be paid out of pocket. Please include relationship in the name if an "other participant".

**High Hazardous / War Risk Country Information:**

Are any of the destinations on the [High Hazard List](#)? Yes  No  [War Risk Country List](#)? Yes  No   
The [US Travel Warning List](#)? Yes  No

If travel request is less than 5 days notice, please provide reason for late request?

If **Yes** above (or submitting request less than 5 days before departure), please complete:

Lodging Name: \_\_\_\_\_ Lodging Phone: \_\_\_\_\_  
Lodging Address: \_\_\_\_\_  
Mode of Travel: Taxi  Public Transportation  Rental  Other: \_\_\_\_\_  
Additional Security Measures being Taken? \_\_\_\_\_  
Airports Used While Traveling \_\_\_\_\_

