FOREIGN TRAVEL INSURANCE REQUEST FORM

Please complete the form and email it 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: _____

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: _____   List Itinerary below (list date range, countries, cities):

Additional Travelers (optional)

An immediate family member must be a spouse or child. Premiums are to be paid out of pocket. An invoice will be sent by the Bursar's Office to your home mailing address.

Traveler 1: _____ Email: _____

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

Emergency Contact Name: _____ Email: _____ Phone: _____

Home Mailing Address: _____

Traveler 2: _____ Email: _____

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

Emergency Contact Name: _____ Email: _____ Phone: _____

Logistical Information

Are any of the destinations on the US Travel Warning List (Level 3 or Level 4)? Yes ☐   No ☐

Will you be renting a vehicle? Yes ☐ No ☐

Revised January 2026

LARGE GROUP TRAVEL

Large group travel is traveling in numbers of three (3) 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