

**FOREIGN TRAVEL INSURANCE REQUEST FORM
FOR CAMPUS EMPLOYEES & STUDENTS
(Auxiliary Employees See UARSC for Assistance)**

Please allow **10 business days for processing** by SR&S. Your request will be returned if your form is incomplete or submitted without a signed copy of the green travel authorization.

***TRAVEL TO HIGH HAZARD OR WAR RISK AREAS REQUIRE ADDITIONAL APPROVAL
PLEASE CONTACT YOUR APPROVING AUTHORITY IMMEDIATELY FOR ASSISTANCE***

Submit your request to Safety, Risk & Sustainability

Attn: Sue Belt or Janice Ramos

Craven Hall 4700

Ph# 760/750-4502 Fax# 760/750-3396

sbelt@csusm.edu or jramos@csusm.edu

Request submitted by: _____ Telephone # _____

EMERGENCY CONTACT FOR APPROVING AUTHORITY

In an **emergency**, Alliant Insurance will contact SR&S for assistance. SR&S will rely on the approving authority (Vice President, Dean or Provost) to contact the traveler and verify their safety. The approving authority shall update SR&S, who is responsible for reporting back to Alliant Insurance for further action as necessary.

Name and Emergency contact information for Approving Authority?

Name: _____ Emergency/After Hours Phone # _____

1. TRIP/TRAVELER INFORMATION

Traveler # 1 Last Name: _____ Traveler First Name: _____

Traveler Email: _____ Traveler Phone #: _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, will an informed consent/waiver be executed?

Is traveler a minor? Was an informed consent/waiver executed by a parent or guardian?

Traveling on behalf of: University Auxiliary

Will traveler enroll in Smart Traveler Enrollment Program (STEP)? Yes (U.S. Citizen) No

If no, does traveler have Visa to allow travel in/out of the U.S.? Yes No

Departure Date: _____ Return Date: _____

Destination (Country): _____

City/Town and Region: _____

Purpose of travel: _____ University Business? Yes No

Name of U.S. Emergency Contact: _____ Ph# or Email: _____

Comments: _____

Project # or ID (if applicable): _____

ADDITIONAL TRAVELERS

If there are 5+ travelers, please attach all traveler information via PDF or Word document.

2. TRAVELER # 2 INFORMATION

Traveler #2 Last Name: _____ Traveler First Name: _____

Traveler Email: _____ Traveler Phone #: _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, will an informed consent/waiver be executed?

Is traveler a minor? Was an informed consent/waiver executed by a parent or guardian?

Traveling on behalf of: University Auxiliary

Will traveler enroll in Smart Traveler Enrollment Program (STEP)? Yes (U.S. Citizen) No

If no, does traveler have Visa to allow travel in/out of the U.S.? Yes No

Purpose of travel: _____ University Business? Yes No

Name of U.S. Emergency Contact: _____ Ph # or Email: _____

Comments: _____

3. TRAVELER # 3 INFORMATION

Traveler #2 Last Name: _____ Traveler First Name: _____

Traveler Email: _____ Traveler Phone #: _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, will an informed consent/waiver be executed?

Is traveler a minor? Was an informed consent/waiver executed by a parent or guardian?

Traveling on behalf of: University Auxiliary

Will traveler enroll in Smart Traveler Enrollment Program (STEP)? Yes (U.S. Citizen) No

If no, does traveler have Visa to allow travel in/out of the U.S.? Yes No

Purpose of travel: _____ University Business? Yes No

Name of U.S. Emergency Contact: _____ Ph # or Email: _____

Comments: _____

4. TRAVELER # 4 INFORMATION

Traveler #4 Last Name: _____ Traveler First Name: _____

Traveler Email: _____ Traveler Phone #: _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, will an informed consent/waiver be executed?

Is traveler a minor? Was an informed consent/waiver executed by a parent or guardian?

Traveling on behalf of: University Auxiliary

Will traveler enroll in Smart Traveler Enrollment Program (STEP)? Yes (U.S. Citizen) No

If no, does traveler have Visa to allow travel in/out of the U.S.? Yes No

Purpose of travel: _____ University Business? Yes No

Name of U.S. Emergency Contact: _____ Ph # or Email: _____

Comments: _____

5. TRAVELER # 5 INFORMATION

Traveler #5 Last Name: _____ Traveler First Name: _____

Traveler Email: _____ Traveler Phone #: _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, will an informed consent/waiver be executed?

Is traveler a minor? Was an informed consent/waiver executed by a parent or guardian?

Traveling on behalf of: University Auxiliary

Will traveler enroll in Smart Traveler Enrollment Program (STEP)? Yes (U.S. Citizen) No

If no, does traveler have Visa to allow travel in/out of the U.S.? Yes No

Purpose of travel: _____ University Business? Yes No

Name of U.S. Emergency Contact: _____ Ph # or Email: _____

Comments: _____

6. ADDITIONAL DESTINATION INFORMATION

For additional travel destinations, please attach additional support documentation such as an itinerary.

7. HIGH HAZARD/WAR COUNTRY INFORMATION

(Check all that apply – If travel destination does not appear on any of the three applicable lists, proceed to section 8)

Are any of the destinations on the High Hazardous list? *Requires President's Approval*

<http://www.csurma.org/Documents/Int%20Travel%20Resources/2015-2015HH.pdf>

Are any of the destinations on the War Risk list? *Requires Chancellor's Office Approval*

<http://www.csurma.org/Documents/Int%20Travel%20Resources/2014-2015%20War%20List.pdf>

Are any of the destinations on the U.S. travel warning list? *Requires President's Approval*

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

If travel request provides less than 5 days advance notice, please provide reason for late request:

(For Chancellor's Office)

Lodging Name: _____

Lodging Address: _____

Lodging Phone: _____

Additional Lodging Info: _____

Mode of Travel: Taxi Public Transportation Rental Other _____

Airports used while traveling:

Additional security measures being taken:

8. COMPLETE ONLY IF GROUP TRAVEL

Primary Coordinator Name: _____

Primary Coordinator Email: _____

Site Name (Collaborator/Partner): _____

Site Primary Contact Name (Collaborator/Partner): _____

Site Primary Contact Email (Collaborator/Partner): _____

9. ATTACHMENTS

Attach supporting documents and/or participant list (i.e. itinerary, signed green travel authorization, etc.)

PLEASE INDICATE THOSE NEEDING CONFIRMATION OF INSURANCE COVERAGE:

To ensure coverage, any change to your original request will require additional review. Report any changes immediately to SR&S. Please contact SR&S for further assistance at 760/750-4502. Thank you.