

**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 complete packet to Safety, Risk & Sustainability

Attn: Sue Belt

Craven Hall 4700

Ph# 760/750-4514 Fax# 760/750-3396

sbelt@csusm.edu

Request submitted by: _____ Telephone # _____

EMERGENCY CONTACT FOR APPROVING AUTHORITY OR DELEGATE

In an **emergency**, Alliant Insurance will contact SR&S for assistance. SR&S will rely on the approving authority (Vice President, Dean, Provost or MPP delegate) 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 (MPP)?

Name: _____ Emergency/After Hours Phone # _____

1. TRIP/TRAVELER INFORMATION

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

Traveler Email & Ph # While Traveling **REQUIRED**. Preferably a mobile number.

Email _____ (Ph#) _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, confirm that an informed consent/waiver has been executed.

If traveler is a minor, confirm that an informed consent/waiver has been executed by the parent or guardian.

Confirm that traveler has enrolled in the Smart Traveler Enrollment Program (STEP)?

(STEP is required for all U.S. Citizens)

Departure Date: _____ Return Date: _____

Destination Country/Countries (If multiple destinations, please include itinerary – See section 6):

City/Town and Region: _____

Traveling on University Business (*Regardless of funding source*)? Yes No

Purpose of travel: _____

Name of U.S. Emergency Contact: _____

Ph# **REQUIRED**, preferably a mobile number & 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 & Phone # While Traveling: (Email) _____ (Ph#) _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, confirm that an informed consent/waiver has been executed.

If traveler is a minor, confirm that an informed consent/waiver has been executed by the parent or guardian.

Confirm that traveler has enrolled in the Smart Traveler Enrollment Program (STEP)?

(STEP is required for all U.S. Citizens)

Traveling on University Business (*Regardless of funding source*)? Yes No

Purpose of travel: _____

Name of U.S. Emergency Contact: _____

Ph# **REQUIRED**, preferably a mobile number & Email: _____

Comments: _____

3. TRAVELER # 3 INFORMATION

Traveler # 3 Last Name: _____ Traveler First Name: _____

Traveler Email & Phone # While Traveling: (Email) _____ (Ph#) _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, confirm that an informed consent/waiver has been executed.

If traveler is a minor, confirm that an informed consent/waiver has been executed by the parent or guardian.

Confirm that traveler has enrolled in the Smart Traveler Enrollment Program (STEP)?

(STEP is required for all U.S. Citizens)

Traveling on University Business (*Regardless of funding source*)? Yes No

Purpose of travel: _____

Name of U.S. Emergency Contact: _____

Ph# **REQUIRED**, preferably a mobile number & Email: _____

Comments: _____

4. TRAVELER # 4 INFORMATION

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

Traveler Email & Phone # While Traveling: (Email) _____ (Ph#) _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, confirm that an informed consent/waiver has been executed.

If traveler is a minor, confirm that an informed consent/waiver has been executed by the parent or guardian.

Confirm that traveler has enrolled in the Smart Traveler Enrollment Program (STEP)?

(STEP is required for all U.S. Citizens)

Traveling on University Business (*Regardless of funding source*)? Yes No

Purpose of travel: _____

Name of U.S. Emergency Contact: _____

Ph# **REQUIRED**, preferably a mobile number & Email: _____

Comments: _____

5. TRAVELER # 5 INFORMATION

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

Traveler Email & Phone # While Traveling: (Email) _____ (Ph#) _____

Traveler Type: Faculty Staff Student Other

If traveler is a student, confirm that an informed consent/waiver has been executed.

If traveler is a minor, confirm that an informed consent/waiver has been executed by the parent or guardian.

Confirm that traveler has enrolled in the Smart Traveler Enrollment Program (STEP)?

(STEP is required for all U.S. Citizens)

Traveling on University Business (Regardless of funding source)? Yes No

Purpose of travel: _____

Name of U.S. Emergency Contact: _____

Ph# **REQUIRED**, preferably a mobile number & Email: _____

Comments: _____

6. ADDITIONAL DESTINATION INFORMATION

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

7. HIGHHAZARD/WAR COUNTRY INFORMATION

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

CHECK ALL THAT APPLY:

Are any of the destinations on the High Hazard 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 to the Chancellor's Office, please provide reason for late request: *(Late requests still require President, Provost, VP authorization – Refer to your department/division)*

Lodging Name: _____

Lodging Address: _____

Lodging Phone: _____

Additional Lodging Info: _____

Mode of Travel: Taxi Public Transportation Rental Other _____

List ALL airports used while traveling (from departure thru return, including plane changes & layovers):

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.)

**IN ADDITION TO TRAVELER, WHO ELSE REQUIRES 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.