



## Request for Foreign Travel Insurance Program (FTIP) coverage

Please complete all items listed below. Attach separate sheets as needed.

### 1. Travel Information

Destination(s) of Travel (city, country) \_\_\_\_\_

Departure Date from U.S. \_\_\_\_\_

Return Date to U.S. \_\_\_\_\_

### 2. Trip Leader

\_\_\_\_\_ \*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*passport name  
\_\_\_\_\_ \*MI

Trip Leader Status: (check one box) ☐ Faculty ☐ Staff ☐ Student ☐ Other (specify) \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Other contact phone number(s): \_\_\_\_\_

Campus/other email: \_\_\_\_\_

Emergency Contact name for Trip Leader and relationship to trip leader \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email: \_\_\_\_\_

Activity description or Course Name /number: \_\_\_\_\_

Purpose of the travel: \_\_\_\_\_

University Department sponsoring the travel: \_\_\_\_\_ ☐ CEL ☐ ORSP

### 3. Participant List & Foreign Travel schedule

(Complete and attach list and schedule to this request form only when there are 2-or more travelers)

- Complete and submit the Participant List form and provide each traveler's emergency contact.
- Complete and submit the Foreign Travel schedule form listing each traveler's passport name and dates of departure and return to the U.S.

### 4. Itinerary & Trip Details

Attach a copy of the trip itinerary, course/activity description, and related trip details to this request form so that you may be contacted in the event of an emergency. Attach separate sheets as needed.

- List primary/secondary accommodations, foreign address, and foreign contact phone numbers
- List the general activities of the trip (i.e. attending professional conference or meeting, collecting samples, field research, teaching, providing services, etc.)
- Provide information on the primary mode of transportation at destination site (i.e. taxi, car rental, public transportation)

### 5. Name of Person authorized to approve travel

\_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Department Chartfield Re-Charge Account number:** \_\_\_\_\_

\*Information is required to request foreign travel insurance

ORSP Grant/fund expiration date (if applicable) \_\_\_\_\_

**Return completed form 45 business days prior to departure date to Enterprise Risk Management, ADM 260.**