



Foreign Travel Insurance Request Form – Study Abroad Program

Traveler Information

First Name: Last Name:

Preferred Email: Alternate Email:

Phone: Student ID:

Is traveler a minor (under 18 years old)? Yes No

If yes, traveler must complete the University Release of Liability and Minor's Medical Consent Form, available on the erm.sfsu.edu website under Forms.

Program Information

Study Abroad Program Semester: Summer Fall Spring Academic Year

Host City: Host Country:

Program Start Date: Program End Date:
(Please use your orientation date as the program start date. Also, provide a copy of your acceptance letter with official dates on them.)

U.S. Departure Date (mm/dd/yy): U.S. Return Date (mm/dd/yy):

Airport Codes: (ex: SFO, LAX, CDG)

The Foreign Travel Insurance Program (FTIP) provides coverage during the enrollment period in a Study Abroad Program at a host university. FTIP also provides coverage for up to 14 days of personal travel outside of the program enrollment period. If you plan to stay past the 14 days of personal travel, you must sign a Request for Personal Travel and Acceptance of All Risks (release of liability waiver) form.

Initial and date (mm/dd/yy):

FTIP Rates (based on program length)*

1-15 days \$60 premium

91-180 days \$265 premium

16-31 days \$75 premium

181-270 days \$325 premium

32-90 days \$140 premium

271-364 days \$500 premium

*Note: If the departure date occurs after the current policy term (on/after July 1st), the FTIP rate may change.



Expected Side Trips

Expected Side Trip Destination City/Cities: _____

Expected Side Trip Destination Country/Countries: _____

Note: A complete *Request for Authorization to Travel to a High Hazard Country* form is required to travel to a high hazard country. Refer to the current fiscal year [CSURMA High Hazard Countries List](#) available at erm.sfsu.edu under Forms.

Lodging Information

Lodging Name: _____ Phone: _____

Address: _____

Emergency Contact in the United States

Name: _____ Email: _____

Primary Phone: _____ Alternate Phone: _____

Acknowledgement

By signing below, I acknowledge the following:

- I acknowledge that the Foreign Travel Insurance Program (FTIP) will only cover the period of enrollment in a Study Abroad Program at a host university.
- I acknowledge that the Foreign Travel Insurance Program (FTIP) will provide coverage of up to 14 days of personal travel outside of the enrollment period upon my request.
- I acknowledge that if I plan to stay past the 14 days of personal travel, I will sign a *Request for Personal Travel and Acceptance of All Risks* (release of liability waiver) form.

Print Name: _____

Signature: _____ Date: _____