

Foreign Travel Insurance Request Form

Information:

Travel to countries on the [U.S. State Department's Travel High Hazard /Warning List](#) or any country on the California State University Risk Management Authority's (CSURMA) foreign traveler underwriter's [High Hazard Country List](#) require approval from President Sakaki. High hazard international travel to "War Risk" countries must continue to be submitted to Systemwide Risk Management in the Chancellor's Office for review and approval. "War Risk" countries are countries designated as such by the [CSU's Foreign Travel Insurance Program \(FTIP\)](#) underwriters. Thirty days' notice is recommended to request approval, and the travel authorization request approved by President Sakaki must accompany the approval form and the request to the Systemwide Risk Management in the Chancellor's Office. Requests made with less than five business days will not be considered. For more information about this process, contact Accounts Payable.

Instructions:

Please attach this request to your completed International Travel Authorization/Travel Advance form and submit together to the President's Office. If your travel is approved, both forms will be forwarded to Accounts Payable for the insurance purchase and the International Travel Authorization/Travel Advance form will be kept on file and attached to your Travel Expense Claim once submitted. If your travel is not approved, both forms will be returned to you in campus mail.

Name of Primary Employee Participant	<input type="text"/>		
Email of Primary Employee Participant	<input type="text"/>		
Departure Date	<input type="text"/>	Return Date	<input type="text"/>
Destination (Country)	<input type="text"/>	City/Town and Region	<input type="text"/>
Purpose of Travel	<input type="text"/>		
Name of U.S. Emergency Contact	<input type="text"/>	U.S. Emergency Contact Email	<input type="text"/>
Lodging Name	<input type="text"/>	Lodging Address	<input type="text"/>
		Lodging Phone	<input type="text"/>
Select Mode of Transportation:	<input type="checkbox"/> Taxi	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Rental Car
		Other	<input type="text"/>
Airports used while Traveling	<input type="text"/>	If travel is to High Hazardous or War Risk countries, describe additional security measures being taken	<input type="text"/>

If Applicable*:

Name of all Employee Participants	<input type="text"/>
Number of all Employee Participants	<input type="text"/>
Name of all Student Participants	<input type="text"/>
Number of all Student Participants	<input type="text"/>

* If the trip includes 5 or more participants, the following information is required and must be attached to the insurance request form:

- 1) Names & emails of all participants; 2) Emergency contact information (name and email) for all participants; 3) Flight information for all participants.

If the foreign travel is connected with an award administered by Office of Faculty Research & Sponsored Programs (OFRSP) or with the School of Extended and International Education (SEIE), please complete the following:

Fund Number or Chart-Field String

X

Authorized signature of fund number or chart-field string / Date