



Operational Risk Management  
4400 University Drive, MSN 6D6  
Fairfax, Virginia 22030  
Phone: 703-993-2599

## **International Emergency Insurance Registration Form for Faculty/Staff**

As required in university policy 1134, all university international travel participants must register for the university approved travel insurance. Travel should be registered and approved by your sponsoring department prior to requesting insurance coverage. Please complete this form **at least two (2) weeks prior to travel**. Once received, your registration will be processed and insurance information will be provided to you. *(Please note that the International Travel Insurance provides services for emergency situations and does not include general medical coverage.)*

### **CONTACT INFORMATION:**

Name:

Department:

Purpose of  
Travel:

Who Authorized  
Travel:

Email address of  
authorizing party:

Mailing Address:

Email Address:

Phone:

Fax:

**Dates of Travel:** Start Date:

End Date:

**Destination/s: Please list all the countries you will be visiting for business travel and the dates and location(s).**

Location:

Arrival Date:

Departure Date:

**Will you be adding any personal deviation before and/or after your business travel?**

**Yes**

**No**

Location:

Arrival Date:

Departure Date:

**Will your spouse or dependents be accompanying you on the trip? Yes No**

If yes, Please provide their names(s) below.

**How would you like the insurance card and coverage information provide to you?**

Email:

Mail:

Inter Office Mail:  
Please provide MSN

Fax: