



Office of Risk Management
 4400 University Drive, MS 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 please provide their names(s) below.

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

Email: _____ Mail: _____ Inter Office Mail: _____ Fax: _____
 Please provide MSN