

Foreign Travel Insurance Program (FTIP) Request for Insurance

Employee Information

Last Name: _____ First Name: _____
Phone Number: _____ Email Address: _____
Emergency Contact (U.S.): _____ Phone Number: _____ Email Address: _____
Emergency Contact (Abroad): _____ Phone Number: _____ Email Address: _____
Traveler Status (check one): _____ SDSU Employee¹ _____ SDSU Research Foundation Employee²
Name of Immediate Family Member(s) requesting coverage (traveler to pay): _____
Relationship of Immediate Family Member(s) requesting coverage: _____ Spouse _____ Child Age of Child: _____

Travel Information

Travel Destination(s), including cities, regions, and countries: _____
Is destination on the [U.S. Department of State Travel Warning List](#)? _____ Yes _____ No
Is destination on the [CSU High Hazardous Country List](#)? _____ Yes _____ No
Is destination on the [CSU War Risk List](#)? _____ Yes _____ No
Is Traveler enrolled in [U.S. Department of State Safe Traveler Enrollment Program \(STEP\)](#)? _____ Yes _____ No
Departure Date from United States: _____ Return Date to United States: _____
Purpose of Travel: _____
If Personal Travel included, please specify travel location(s) and dates: _____
Traveling with Students? _____ Yes _____ No If Yes, please contact Office of International Programs at 594-1354 for further instructions. FTIP insurance is also required for students.
Describe Any High Risk Activities (i.e., scuba diving, rock climbing) : _____

Trip Details

Transportation To / From International Destination: _____ Air _____ Motor Vehicle _____ Ship / Boat _____ Other
If Air, airport(s): _____ If Other, specify: _____
If Motor Vehicle, type: _____ Personal Car _____ Rental Car _____ Hired Car _____ Bus
Lodging:
Hotel / Facility Name: _____ Hotel / Facility Phone Number: _____
Address: _____
Transportation To / From Lodging: _____
Site Visit Details (if applicable):
Location: _____ Address: _____
Point of Contact Name: _____ Point of Contact Phone Number: _____

Travel Approval

San Diego State University President or Designee

Date

Chancellor's Office (War Risk destinations only)

Date

¹SDSU Employee: Submit FTIP Request with your T2 for approval and processing. ²SDSU RF Employee: Submit FTIP Request to sdsurfriskmanagement@sdsu.edu