

## Foreign Travel Insurance Program (FTIP) Request for Insurance

### Traveler Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact (U.S.): \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact (Abroad): \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Traveler Status (check one): ☐ SDSU Employee<sup>1</sup> ☐ SDSURF Employee<sup>2</sup> ☐ Student<sup>3</sup> (Student Red ID): \_\_\_\_\_  
Name of Immediate Family Member(s) Needing Coverage (traveler to pay): \_\_\_\_\_  
Relationship of Immediate Family Member(s) requesting coverage:  
☐ Spouse ☐ Child Age of Child \_\_\_\_\_

### Travel Information

Travel Destination(s) include Country, City, Region: \_\_\_\_\_  
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 [CSU War Risk List](#)? ☐ 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: \_\_\_\_\_  
Describe any High Risk Activities (i.e. scuba diving, rock climbing, surfing): \_\_\_\_\_  
Is traveler enrolled in [U.S. Department of State Smart Traveler Enrollment Program \(STEP\)](#)? ☐ Yes ☐ No

### Trip Details

Transportation To / From International Destination: ☐ Air ☐ Motor Vehicle ☐ Ship/Boat ☐ Other  
If Air, airports(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: \_\_\_\_\_  
Faculty-led / Group Trip:  
Primary SDSU Contact: \_\_\_\_\_ SDSU Contact Phone Number: \_\_\_\_\_  
Traveling with Students: ☐ No ☐ Yes If **Yes**, please contact Office of International Programs at 594-1354 for further instructions. FTIP insurance is also required for students.

### Travel Approval

San Diego State University President or Designee \_\_\_\_\_ Date: \_\_\_\_\_  
Chancellor's Office (War Risk destinations only) \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> SDSU Employees (including student employees): forward form with T2 for approval to supervisor and President Designee. Please contact Dominoe Franco at 619-594-6018 if questions about the Foreign Travel Insurance Program.

<sup>2</sup> SDSU Research Foundation Employees and Students on Grants: forward form to [riskmanagement@sdsu.edu](mailto:riskmanagement@sdsu.edu)

<sup>3</sup> SDSU Students: please contact Office of International Programs at 619-594-1354.