

International Travel Insurance Application

Utah State University
Risk Management
6600 Old Main Hill
Logan, UT 84322
risk@usu.edu

USU carries accident and sickness insurance and travel assistance for current registered students, faculty, or staff of USU. While this program provides coverage for emergency accidents and sickness you may experience abroad, it is important to remember that this insurance is NOT health insurance you may be used to and does not cover routine health care. In order to ensure consistency of care, this service is mandatory for USU international travel.

The USU login for the International SOS members site is 11BYSG000002.

Today's Date: _____ TA# (If applicable): _____

Name: _____ A#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Travel Destination(s): _____

Departure Date: _____ Return Date: _____

Reason for Trip:

USU Faculty/Staff Contact: Name: _____ Dept: _____

Phone: _____ Email: _____

Check all the following boxes that apply. *Note: Checking the medical information release box means that you agree to allow the release of medical information about you the University and anyone else you designate below.*

If I have an emergency medical situation, I authorize the University to discuss my condition with SOS and other medical providers.

If I have an emergency medical situation, I authorize the University to discuss my condition with the following people.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Check all the following boxes that apply.

I have gone to the International SOS web site (<http://www.internationalsos.com>) and activated my emergency record.

I have gone the International SOS web site and researched my destination, including recommended immunizations/security risks.

I have copied my travel itinerary, including information about where I shall be staying and included it with this application.

OR

I am a participant in a USU Study Abroad Program and will provide a copy of my itinerary to the USU Office of Study Abroad.

Upon completion of this form, please send it, the enclosures, and the payment (cash or check) to the Utah State University Risk Management Office.

Signed: _____

Date: _____