Enterprise Risk Services

3015 SW Western Blvd Corvallis, OR 97333 Phone: 541-737-1323

Fax: 541-737-5546

Email: risk@oregonstate.edu



International Travel Registration

Please submit to Enterprise Risk Services via fax or email PRIOR to travel.

Student/Employee Name:			
Phone:	E-mail:		
Department Name:			
Department Contact Person	on:		
Country of Travel:			
Does this country have a current travel warning in e	☐ YES ffect? ☐ NO	Is this country li sanction lists?	sted on any YES
IMPORTANT: If your country of travel has a travel warning or sanction, contact Enterprise Risk Services as special conditions may apply.			
Date Leaving the USA:		Date Returning to USA:	
*If abroad greater than 3 mc	onths, please estimate h	nourly payroll rate:	
Supplemental Insurance Coverage is optional, but HIGHLY recommended and is available for \$1.91 per person/per day. The policy covers \$200,000 lifetime medical maximum per covered accident/sickness; evacuation due to security/political unrest, natural disasters, emergency medical situations; trip interruption and cancellation benefits; and 24-hour travel, safety and security assistance services.			
YES, please sign me up for Supplemental coverage. Plan information: <u>Insurance Plan</u> and <u>Summary</u>			
	·	n and do not want Supplemer	ntal coverage.
If "YES" please complete t	he information below:		
Student/Employee Address:			
Student/Employee Status: (full/part/grad/post)		dex ode:	Activity Code:
Student/Employee ID:		DOB:	M / F:

Form must be complete in order for insurance to be placed.

Foreign Citizens Working Abroad: If you are a foreign citizen hired to work in a foreign country other than your own or if you are a foreign citizen hired to work in your own country, please contact Enterprise Risk Services for additional information.

If you have any questions, please contact Enterprise Risk Services at 541-737-1323 or risk@oregonstate.edu.