



Dear WOU Employee,

You have indicated on your pre-travel authorization form that the location of your travel is international. Because you are traveling in your capacity as a WOU employee, you are required to enroll in the WOU international insurance for the dates of your travel. This is the same insurance in which WOU study abroad students enroll and which is also available to WOU employees traveling internationally.

Though all of you have your own insurance, and your plan may apply internationally, very few health/accident plans include several types of vital coverage. And though you are protected by the WOU insurance while you are traveling for WOU, this benefit provides aid and assistance only in the form of advice and support but does not cover the actual cost of the following services for which you would be responsible yourself.

- Evacuation due to political unrest
- Evacuation due to natural disaster
- Evacuation due to health emergency
- Repatriation of remains in the event of death

The cost of the insurance is currently \$2.00 per person per day. The insurance will be charged to the index listed below or directly to you if no index listed. Once WOU enrolls you in the insurance, you will receive your insurance card and plan details via email. The following information is required for the insurance:

Name \_\_\_\_\_ WOU V Number \_\_\_\_\_

Index or Indexes to which you wish to have this charged: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Title/Position \_\_\_\_\_ Department \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Email \_\_\_\_\_ Telephone number \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
Street/PO City State ZIP

Destination \_\_\_\_\_ Departure date \_\_\_\_\_ Return date \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

- Check here if the purpose of your travel is to teach or work abroad in your role as a WOU employee and the organization for which you are doing this is providing insurance for you that includes the above items in addition to health and accident insurance. Please attach proof of insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

12/10/15