

**NC State University Insurance & Risk Management, Box 7521 Phone # 515-6124 Fax # 515-1538
Business Traveler Insurance Plan**

THIS FORM MUST BE SUBMITTED AT LEAST TWO (2) WEEKS PRIOR TO DEPARTURE

Project ID# must be submitted with form. We only prepare IDT's to University Projects.

Project ID # _____ Department Contact: _____ Phone # _____

Destination: _____

Name: _____ Male Female

Address: _____ Employee ID #: _____

Department: _____

Phone Number: _____ Birth Date: _____

Email: _____

I am: NCSU Faculty/Staff Spouse of NCSU Faculty/Staff Child of NCSU Faculty/Staff

The **Daily Rate** for Full-Coverage should be calculated as follows:

- NCSU Faculty/Staff \$3.25 •
- NCSU Faculty/Staff & Spouse \$6.50
- NCSU Faculty/Staff & Child \$9.75
- NCSU Faculty/Staff & Child (+\$3.25 for each add'l child)
- NCSU Faculty/Staff \$4.25 (age 71-75)
- NCSU Faculty/Spouse \$8.50 (age 71-75)

Full-Coverage (includes MedEvac/Repatriation Coverage)

Insurance Start Date*			Insurance End Date*	Total # of Days

_____ days @ rate _____ = \$ _____ Total Amount Due

Description of university business program:

I confirm that the information on this form is correct, and I am traveling to the above destination as University-related business as described above.

Signature

Date

Office use only:

IDT# _____ Date paid _____ Batch # _____ Invoice # _____