

UNIVERSITY OF WASHINGTON

**Application for Optional Domestic Field Trip
Accident/Medical Insurance
(Includes Continental U.S. Alaska & Hawaii)**

Present this application and premium payment to:

Cashier
129 Schmitz Hall

If Premium is being paid by UW department, return this form directly to the Office of Risk Management, Box 351276.

Date: _____

Please enroll me for _____ days of "Field Trip" Accident/Medical Insurance. Coverage dates:

Begin: _____ End: _____

Total premium for this coverage is \$ _____ (Number of days of coverage times .85)

After March 31, 2008, confirm rate with the Office of Risk Management (206) 543-3419

Name of person to be insured (print): _____

Signature: _____ Phone # _____

Field Trip for Department of: _____

Departmental Contact: _____ Phone # _____ Box # _____

Budget Name & # to be charged (if applicable) _____

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- Cashier:
1. Deposit premium in Field Trip Insurance suspense account #14-3401, revenue code 949999. **After March 31, 2008, please confirm premium rate with the Office of Risk Management (206) 543-3419.**
 2. Forward this application to the Office of Risk Management, Box 351276.
 3. For questions, call (206) 543-3419.