

Last Name: _____

Does UC have permission to talk with your emergency contact regarding matters outside of an emergency?

Yes No

To use the travel insurance:	
 <p>UnitedHealthcare Global Assistance U.S. & Canada 1-800-527-0218 Outside the U.S. Call Collect 1-410-453-6330 e-mail: assistance@uhcglobal.com www.uhcglobal.com</p> <p>UHCG GROUP ID FOR STUDENT OFF CAMPUS: 363391</p>	<p>TRAVEL ASSISTANCE</p> <p>UNIVERSITY OF CALIFORNIA Policy Number: ADD N04223822</p> <p>For claims inquiries: CHUBB CHUBB USA Accident & Health Claims PO Box 5124 Scranton, PA 18505-0556 Phone: 1-800-336-0627 7:30 am to 4:00 pm Monday – Friday EST</p>

Student Travel Profile

Personal Information

Legal Name: _____ E-mail _____ *The one you will actually be checking!*

Passport #: _____ Country of Passport: _____

VISA Information: _____

US Citizen yes no If no country of origin: _____

Emergency Contact in US:

Name	Phone	E-Mail	Relationship

Secondary Emergency Contact:

Name	Phone	E-Mail	Relationship

Other important #s (note most toll-free #s do not work internationally.)

	Phone (cell)	(office)	Fax	E-mail
Blum Center	510-859-3594	510.664.4423	1.510.666.9128	gppminor@berkeley.edu
Bank	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____
Airline	_____	_____	_____	_____

Travel Information

Please include all connections for your trip to and from your field site

Depart				Arrive			
Date	Time	City	Airline/Flight	Date	Time	City	

Accommodation

Dates	Type (hotel, hostel, home stay, etc.)	Contact Information (e-mail, phone)

Original: Keep with you
Copy 1: Submit to GPP Minor, MHIRT, or InFEWS Office
Copies 2&3: Give to two trusted people. Include this form, prescriptions, passport, itinerary, and important medical records