

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:	
 <b>UnitedHealthcare Global Assistance</b> U.S. & Canada 1-800-527-0218 Outside the U.S. Call Collect 1-410-453-6330 e-mail: <a href="mailto:assistance@uhcglobal.com">assistance@uhcglobal.com</a> <a href="http://www.uhcglobal.com">www.uhcglobal.com</a>  UHCG GROUP ID FOR STUDENT OFF CAMPUS: 363391	<b>UNIVERSITY OF CALIFORNIA</b> Policy Number: ADD N04223822  For claims inquiries: ACE Accident & Health Claim P O Box 5124 Scranton, PA. 18505-0556   Phone: 1-800-336-0627 7:30 am to 4:00 pm Monday – Friday EST

## Global Poverty & Practice 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
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Secondary Emergency Contact:

Name	Phone	E-Mail	Relationship
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Other important #s (note most toll-free #s do not work internationally.)

	Phone	(google)	(office)	Fax	E-mail
<b>Blum Center</b>	<b>510-859-3594</b>	510.643.5316	1.510.666.9128		<a href="mailto:gppminor@berkeley.edu">gppminor@berkeley.edu</a>
Bank	_____	_____	_____	_____	_____
Credit Card	_____	_____	_____	_____	_____
Airline	_____	_____	_____	_____	_____

### \*Travel Information

*Please include all connections*

**Depart**

Date	Time	City	Airline/Flight	Arrive	Date	Time	City
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

### Accommodation

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

Original: Self

Copy 1: GPP Minor

Copies 2&3: Two trusted people in US include this form, prescriptions, passport, itinerary, and important medical records

\*If there is not enough room for your return flight information in the fields above, provide this information on the back of this sheet