

## *GeoBlue International Insurance* Application for FACULTY and STAFF

Faculty and Staff have the option of iNext or GeoBlue as provider for insurance for travel outside the US. Coverage is **mandatory**. If selecting GeoBlue, coverage includes accident and sickness as well as political security and natural disaster evacuation services. Full coverage information is available on our web site at <u>http://global.wfu.edu/international-travel-forms</u>. This policy is not a substitute for primary health insurance. You should contact the Center for Global Programs & Studies for further information and a rate quote – **GeoBlue coverage is for a single trip only**.

- 1. Submit completed application to the Center for Global Programs & Studies (GPS), 116 Reynolda Hall (gps@wfu.edu).
- 2. Payment may be made by check or charged to your departmental budget.
- 3. If enrolling a spouse or children, please complete separate applications for each.

Once the Center for Global Programs & Studies has processed your application, you will receive an e-mail from *GeoBlue* asking you to login to their website to complete a login profile so that you will have full access to their on-line services.

Name (first, middle, last):	
Permanent Residence Address:	
Date of Birth (MM/DD/YEAR) Home Country	
WFU	Affiliation (circle one): Faculty Staff Other
	ol (circle one): College School of Business Graduate Law Divinity
Acade	emic Department, Office, other affiliation (specify)
Destii	nation:
Dates	of Travel
Depai	rtmental Budget Code Email Address:
	ecorded at Birth*: $\Box$ Male $\Box$ Female $\Box$ Prefer not to answer (*Required by insurance provider.
If "Prefer not to answer" is selected, then the system will default to Male for registration purposes. After enrollment,	
travele	ers can contact GeoBlue to request any changes)
Gend	er (Optional): □Male □Female □Non-Binary □Transgender □Prefer not to answer
Cian	
Sign	ature:
	Questions? Contact GPS, < <u>gps@wfu.edu</u> > 336.758.5938
Γ	For Office Use Only:
	CheckBudget Code

Date Enrolled \_\_\_\_\_ Premium Amount \_\_\_\_\_

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