

Bryn Mawr College

International Business Travel Insurance Enrollment Form for Faculty and Staff

Name Today's Date

Department Phone ext. BMC e-mail

Destination (City and Country)

Start date of trip

End date of trip

Purpose of trip

Sabbatical travel yes no

Spouse coverage yes no Spouse's name

Dependent coverage yes no Dependent names

Please enclose a check for \$40.00 per month per person, payable to Bryn Mawr College, for spouse or dependent coverage.

Please Return Form To: Kari Fazio, Treasurer's Office, Taylor Hall (kfazio@brynmawr.edu)