

MEDEX Student Travel Assistance Program Rochester Institute of Technology

Please complete form and return it via email to Risk Management at jmmcps@rit.edu or fax it to 475-7950. **The cost is 6.15 per student per month of travel.**

Submitted by: _____ Destination of Trip: _____

RIT Phone #: _____ Dates of Trip: _____

Note: Enrollees must be RIT registered students.

	Name	Gender	DOB
1.			
2.			
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19.			
20.			

Premium Calculation: _____ x \$6.15 x number of months of travel = \$ _____
(Number of Students)

RIT Account Number: - - 86700 - - -