

MEDEX Student Travel Assistance Program Rochester Institute of Technology

Please complete form and return it via email to Risk Management at riskmgmt@rit.edu or fax it to 475-7950. **The cost is 4.90 per student per month of travel.**

Submitted by: _____ Destination of Trip: _____
 RIT Phone #: _____ Dates of trip: _____
 Enrollment Roster # (to be filled in by GRMS staff only): _____

Note: Enrollees must be RIT registered students.

	Name	Gender	DOB
1.			
2.			
3.			
4.			
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17.			
18.			
19.			
20.			

Premium Calculation: _____ x \$4.90 x number of months of travel = \$ _____
(Number of Students)

RIT Account Number: - - 86700 - - -
