NOTIFICATION OF OUT-OF-COUNTRY WORKERS COMPENSATION COVERAGE

OFFICE OF MANGAGEMENT AND BUDGET
RISK MANAGEMENT DIVISION
SFN 59871 (3-2011)

To be completed prior to North Dakota state employee temporarily working outside of the United States for more than 30 days.

Part A - To be completed by employee - Please attach travel/work itinerary.

Employee Name	Title
State Agency/University	Supervisor Name
Country Where Employee Will Be Working	
Describe Purpose of Travel/Work	
Date Departing North Dakota	Date Scheduled to Return to North Dakota
Signature of Supervisor	Date of Signature

Part B - To be completed by state agency/university - Please attach documentation indicating workers' compensation coverage is not required and not available in the foreign country(s) in which the employee will be working.

Name of Contact in Foreign Country(s)	Telephone Number
Email Address of Contact in Foreign Country(s)	Date of Contact
Summary of Contact and/or Review of Foreign Requirements	
Name of State Agency/University Employee Providing Documentation	
Signature	

Upon completion of Part A and Part B, please forward form and all attached documentation to:

Attn: Risk Management Workers' Compensation Manager
Risk Management Division
1600 East Century Ave., Suite 4
Bismarck, ND 58503-0649

Part C - To be completed by Risk Management Division. As exposure is identified in foreign countries not previously explored, Risk Management will revisit the availability of coverage in the private insurance market.

Summary of Risk Management Contact with Private Insurer.

Upon completion of Parts A, B, and C, please forward form and all attached documentation to:

PHS Special Programs Supervisor
Workforce Safety and Insurance
1600 East Century Ave., Suite 1
Bismarck, ND 58503-0644