



**UNIVERSITY OF VIRGINIA  
MEDEX TRAVEL ASSISTANCE PROGRAM  
ENROLLMENT FORM**



**Medex enrollment is for UVA business travel only.  
Dependents are not eligible for this program.**

**Date Submitted:** \_\_\_\_\_

**Enrollee Name:** \_\_\_\_\_

**School/Dept.:** \_\_\_\_\_

**Employee I.D. Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Dates of Travel:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Contact Information:** In an emergency, Medex will contact the individual that you have identified. It is recommended that your contact have financial information, such as a credit card number, available in case payments need to be made on your behalf.

**Contact Name:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Please return to UVA Human Resources, Benefits Office 914 Emmet Street ,  
P.O. Box 400127 Charlottesville, VA 22904 Fax: (434)924-4486

You will receive your card via E-mail.