

North Dakota Risk Management has provided information under the current administrative rule on securing extraterritorial coverage in the private market for Out-of-State coverage. In order to facilitate transmitting the required information, please follow the rules below to assist in that process.

That employee would need out of state coverage:

- If planning to work in another state for **more than 30 consecutive days**, the attached form must be submitted to the UP&SO for coverage to be secured with that state.
- If the employee has a permanent worksite outside the State of North Dakota, or other significant contacts in that state, the employer must obtain workers compensation coverage in that state (i.e. online faculty, etc.).
- If the information is not forwarded to the UP&SO Claims Specialist prior to travel, employees injured while working outside the State of North Dakota beyond the 30 days but less than a year may not have workers' compensation coverage.
- Complete the form as follows:
  - Working Outside the State of North Dakota form must be filled out and submitted to the UP&SO Claims Specialist prior to travel if working outside the State of North Dakota for more than 30 days but less than one year.
  - If working in more than one foreign state, be sure to list the dates and departures for each state. You may attach an itinerary.
  - Must list the dates you are leaving North Dakota and your return dates.
  - Include and explain in detail the purpose of travel.

Submit the completed forms to: UP&SO, Dept 3300, P O Box 6050, Fargo ND 58108, or e-mail to [Jennifer.Baker@ndsu.edu](mailto:Jennifer.Baker@ndsu.edu). If you have questions, please call Jennifer Baker, Claims Specialist at 701.231.6740.

To guarantee that all NDSU employees are covered by Worker's Compensation while working outside the state of North Dakota for greater than 30 days, the information below must be provided to the Safety Office prior to leaving the state or the start of employment if living in that state. It is imperative that nothing be left blank. If you have any questions, fee free to contact the Claims Specialist at (701) 231-6740.

**Complete if working outside the state of North Dakota 30 consecutive days or more.**

Full Name of Employee: \_\_\_\_\_

Position Title: \_\_\_\_\_

Empl ID#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Dept . Contact Person: \_\_\_\_\_ Dept. Contact Phone: \_\_\_\_\_

**Physical address for the out of state office or home office if working from home:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of building used for work (office building, greenhouse, vehicle, hotel, apartment, college, school, home, etc.):

Number of stories/floors in the building used for work: \_\_\_\_\_

Brief description of job duties:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Projected Gross Annual Wage (only report the projected payroll for the period of time that you worked in that particular state):

Annual    Monthly    Yearly

Return completed form to:

University Police & Safety Office  
Dept 3300, PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-7759  
Fax (701) 231-6739  
E-Mail: Jennifer.Baker@ndsu.edu