CISI Comprehensive Medical and Evacuation Insurance Application: Students international travel

CISI PAYMENT TRANSMITTAL FORM

Submit this form with payment. Submit in person to Cashier's office in Blow Hall or mail to address below.

Student Name: _____
Last First Middle

Student W&M ID#: _____

Program Account Number: **W-1Y0439-580345**

CISI Fee: $_____ ($10.42/week or $37.27 month ($43.90/month for Spain for travel 90+ days); weekly rate only applies to travel less than one month; travel longer than a month must pay in complete months)

Please make checks payable to: William & Mary. Do not send currency or cash by mail.

Mailing Address:
Cashier's Office
William & Mary
PO Box 8795
Williamsburg, VA 23186-8795

Street Address:
Cashier's Office
101 Blow Hall, Richmond Road
Telephone: (757) 221-1226

You will receive a receipt when making this payment in person. Please submit the receipt by uploading it to the online CISI application form through the Reves Center.