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: $_______ ($9.75/week or $34.75/month; 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: The College of William & Mary. Do not send currency or cash by mail.

Mailing Address: Cashier’s Office
The College of William & Mary
PO Box 8795
Williamsburg, VA 23186-8795

Street Address: 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.