

**CISI Comprehensive Medical and Evacuation Insurance Application:
Faculty & Staff on non-study abroad, university-affiliated international travel**

CISI PAYMENT TRANSMITTAL FORM (if not charging to a W&M departmental account)

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

Faculty/Staff Name: _____
Last First Middle

Faculty/Staff W&M ID#: _____

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

CISI Fee: \$ _____ (\$51.12 per month– see below)

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

You will receive a receipt when making this payment in person. Please attach a photo of the receipt to the online CISI application form.

To calculate the amount you owe:

Coverage begins on your departure date, and is billed in monthly increments (\$51.12 per month). Billing starts from the first day of W&M-related travel and stretches for 1 month (Example: 2/15-3/15 is considered a "month"). This monthly rate is not pro-rated, but there is a 5 day grace period before you must pay for an additional month of coverage. Please see the examples below for how to calculate your cost. If after reviewing the examples you have questions, contact Nick Vasquez at the Reves Center (snvasquez@wm.edu, 757-221-1146).

Departure date **8/28** and return date **12/3** (5 day grace period applies).

Months are calculated:

Month 1 (8/28-9/28)

Month 2 (9/28-10/28)

Month 3 (10/28-11/28)

5 day grace period (11/29-12/3); because you are returning during your grace period, you do not need to pay for an additional month.

You owe: 3 months x \$51.12 = **\$153.36**

Departure date **8/28** and return date **12/15** (5 day grace period does not apply)

Months are calculated:

Month 1 (8/28-9/28)

Month 2 (9/28-10/28)

Month 3 (10/28-11/28)

Month 4 (11/28-12/28); though your stay is shorter than the full month, coverage is not pro-rated, so you must still pay for an additional month.

You owe: 4 months x \$51.12 = **\$204.48**

* Reves Center for International Studies *William & Mary

*PO Box 8795 *Williamsburg, VA 23187-8795

*Phone: (757) 221-3594 * Fax: (757) 221-3597