

**Graduate Assistants, Fellows and Trainees  
Dependent Injury and Sickness Insurance Plan Enrollment Form.**

**September 1, 2007 - September 1, 2008**

**THIS FORM IS FOR DEPENDENTS OF GRADUATE ASSISTANTS, FELLOWS AND TRAINEES  
(NOT FOR UNDERGRADUATES OR REGULAR GRADUATE STUDENTS)**

I understand that coverage is not effective until the effective date of the listed policy term I select below or subsequently on the date my *application and premium* are received by the company or its agent. I have read the brochure on-line or which accompanied this application entitled Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees of The University of Maine.

**The open enrollment deadline for the Annual Term is 09/21/2007 and for the Spring Term is 02/01/08.**

Covered students may enroll their lawful spouse/domestic partner\* and unmarried dependent children under age 19 who are not self-supporting for the same term that the student is enrolled. The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees in order for dependents to be eligible for enrollment. Dependent eligibility expires concurrently with that of the insured student. Pre-existing conditions are excluded for 12 months, if not covered by other insurance within 90 days prior to the date of application of this policy.

**I wish to insure the following dependents:**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>BIRTHDATE</b>	<b>SOCIAL SECURITY #</b>	<b>GENDER</b>
_____	<b>Spouse/Domestic Partner*</b>	_____	_____	_____
_____	<b>Child</b>	_____	_____	_____
_____	<b>Child</b>	_____	_____	_____
_____	<b>Child</b>	_____	_____	_____

The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees in order for dependents to be eligible for enrollment. There are no Cutler Health Center Services available to dependents of students.

\*Domestic Partners must also submit an "Affidavit of Domestic Partnership" with the Dependent Insurance Enrollment Form. The affidavit is available at [www.crossagency.com/umaine](http://www.crossagency.com/umaine).

<b>DEPENDENT RATES: (Circle One)</b>	<b>9/1/07 – 9/1/08</b>	<b>1/1/08 – 9/1/08</b>
<b>ONE DEPENDENT:</b>	<b>Annual Premium</b>	<b>Spring Premium</b>
<b>TWO OR MORE DEPENDENTS:</b>	\$3,405	\$2,281
	\$7,585	\$5,082

Make check(s) payable to: Cross Insurance

**Please complete the following information:**

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

For a description of covered benefits, definitions and exclusions to this Plan, refer to the 2007-2008 brochure titled The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees.

**Return this completed form to:**

**The University of Maine, Bursar's Office, 5703 Alumni Hall Orono, ME 04469-5703**