

**CENTRAL MAINE COMMUNITY COLLEGE
AUBURN, ME 04210
STUDENT INSURANCE OPTIONAL PLAN 2 ENROLLMENT FORM
2007-2008**

WE STRONGLY RECOMMEND THAT ALL FULL TIME STUDENTS BE COVERED BY INSURANCE WHILE ATTENDING CM. PLEASE COMPLETE, SIGN AND RETURN TO THE BUSINESS OFFICE.

ENHANCED INSURANCE - OPTIONAL PLAN 2

I wish to purchase the CM Enhanced Accident and Sickness Insurance - Plan 2.
I understand I must be enrolled in Plan 1 (\$30 premium) before I can add Plan 2.
Enclosed is my check for \$220 payable to CM or \$148 for second semester.

Name _____ SS # _____

Student ID # _____ Date of Birth _____ Gender Male Female

Signature _____ Date _____

EF-J3A12