

Dependent Injury and Sickness Insurance Plan Enrollment Form

**The University of Maine
January 1, 2008 - September 1, 2008**

***THIS FORM IS FOR DEPENDENTS OF UNDERGRADUATE and GRADUATE STUDENTS
(NOT FOR GRADUATE ASSISTANTS OR FELLOWS)***

I understand that coverage is not effective until the effective date of the policy, January 1, 2008, 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 and Undergraduate Students of The University of Maine. **The open enrollment deadline for the spring plan 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. The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan 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:

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

The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan 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

DEPENDENT RATES:	<u>Spring Premium</u>
ONE DEPENDENT:	\$2,456
TWO OR MORE DEPENDENTS:	\$5,316

Please return this form along with premium payment to: Cross Insurance, P.O. Box 3028, Lewiston, ME 04243

Please submit your check or money order with this enrollment form made payable to Cross Insurance. Credit Card payment is not available. Coverage for all insured dependents will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the initial Enrollment Form and premium are received. **Once enrolled, dependent coverage cannot be cancelled and premium is non-refundable.**

Please complete the following information:

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 brochure for 2007-2008 Student Injury and Sickness Insurance Plan, Designed Especially For the Graduate and Undergraduate Students of The University of Maine.

If you have any questions or concerns, please contact Cross Insurance - 1-800-537-6444 or on-line at <http://www.crossagency.com/umaine>