

**Student Injury and Sickness Insurance Plan Enrollment Form
The University of Maine
January 1, 2008 – September 1, 2008**

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

**FOR ALL BENEFIT QUESTIONS, CONTACT CROSS INSURANCE AT 1-800-537-6444 OR
ON-LINE AT <http://www.crossagency.com/umaine>**

Deadline for Enrollment: February 1, 2008

Please note: This form is to *enroll* in the student injury and sickness insurance plan presented by Cross Insurance, offered/administered by Consolidated Health Plans through Nationwide Life Insurance Company for the *policy period of January 1, 2008 – September 1, 2008.*

Student Information:

Name: _____ Student ID #: _____
Local Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ Date of Birth: ____/____/____ Gender: ___ M ___ F

Enrollment and Payment Options:

- ⇒ I understand that this policy excludes pre-existing conditions for 12 months, if not covered by other insurance within 90 days prior to the application of this policy.
- ⇒ I have read the brochure either enclosed or on-line entitled Student Injury and Sickness Insurance Plan Designed Especially for Graduate and Undergraduate Students of The University of Maine and I want to purchase the insurance. My choice of payment is:

Spring Policy Payment Options

- Check enclosed for the amount of **\$1,293.00 (Make check payable to: The University of Maine)**
- Charge my student account for the amount of **\$1,293.00**

My signature below indicates that I have read and understood the above information:

X _____
Student Signature _____
Date

The *original* document must be signed and returned to The University of Maine, Bursar's Office, 5703 Alumni Hall, Orono, ME 04469-5703 by 02/01/08 for coverage by the Student Injury and Sickness Insurance Plan.

Please retain a copy for your records.

For all benefit questions and/or dependent coverage, please contact Cross Insurance 1-800-537-6444 or on-line at <http://www.crossagency.com/umaine>