

**UNIVERSITY OF MAINE AT FARMINGTON**  
**Application for Dependent Insurance**

CROSS INSURANCE • 217 Main Street - PO Box 3028 • Lewiston, ME 04243

I would like to enroll my dependents in the Accident and Illness Insurance Plan at the premium indicated below.  
I understand that my dependents are not eligible for coverage unless or until I am also insured under the Student Plan.

Student Name \_\_\_\_\_

My spouse's name is \_\_\_\_\_ Date of Birth is \_\_\_\_\_

My domestic partner's name is \_\_\_\_\_ Date of Birth is \_\_\_\_\_

My Child(ren) are \_\_\_\_\_ Date of Birth is \_\_\_\_\_

\_\_\_\_\_ Date of Birth is \_\_\_\_\_

**I enclose a premium of:** 1 Dependent:  \$1,652 Annually (9/1/07-8/31/08)  \$1,107 2nd Semester (1/1/08-8/31/08)  
2 or more Dependents:  \$2,882 Annually (9/1/07-8/31/08)  \$1,931 2nd Semester (1/1/08-8/31/08)

Coverage becomes effective on above dates or date of enrollment in the Plan, whichever is later.

*Preexisting Conditions are covered only if the student had prior qualifying coverage within 90 days of enrollment in this plan.*

Date of Application \_\_\_\_\_ Signature of Insured Student \_\_\_\_\_

(CHECKS PAYABLE TO **CROSS INSURANCE**)

DEF-J3A03

**AFTER 9/1/07 COVERAGE EFFECTIVE DATE IS THE DATE PAYMENT IS RECEIVED**