

UNIVERSITY OF MAINE AT FORT KENT
23 University Drive, Fort Kent, ME 04743 • Tel: (207) 834-7515 Fax: (207) 834-7879
Dependent Enrollment Form for Insurance Coverage

I have enclosed my check payable to the University of Maine at Fort Kent for the amount indicated below. I understand coverage is effective on 9/1/07, or when my premium is received, whichever is later.

Dependent Coverage

Spouse/Domestic Partner Only: \$1,300 Annual Coverage 9/1/07–9/1/08
 \$ 875 Spring Term Coverage 1/14/08–9/1/08

Children Only: \$800 Annual Coverage 9/1/07–9/1/08 \$536 Spring Term Coverage 1/14/08–9/1/08

I understand that this insurance does not cover preexisting conditions, unless covered under other insurance within 90 days of application for this plan.

Please include _____

Student Name	Signature	SS#/SIN#
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Address _____ Date of Birth _____ Gender Male Female

Name of Spouse (if applying for coverage) _____
DOB _____ SS# _____

Name of Domestic Partner (if applying for coverage must complete Domestic Partner Affidavit)
_____ DOB _____ SS# _____

Names of Children (if applying for coverage) _____
DOB _____ SS# _____