

**UNIVERSITY OF MAINE AT AUGUSTA**  
**Enrollment Form 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 \_\_\_\_\_

SS#

Gender

DOB

My domestic partner's name is \_\_\_\_\_

SS#

Gender

DOB

My Child(ren) are \_\_\_\_\_

SS#

Gender

DOB

\_\_\_\_\_

SS#

Gender

DOB

I enclose a premium of: Spouse/Domestic Partner  \$2,420 Annual Plan (9/1/08–9/1/09)  \$1,622 Spring Term (1/1/09–9/1/09)  
Child(ren)  \$1,200 Annual Plan (9/1/08–9/1/09)  \$804 Spring Term (1/1/09–9/1/09)

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 \_\_\_\_\_

DEF-J3A00

(CHECKS PAYABLE TO CROSS INSURANCE)

AFTER 9/1/08 COVERAGE EFFECTIVE DATE IS THE DATE PAYMENT IS RECEIVED