

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: \$1,870 Annually (9/1/08-8/31/09) \$1,253 2nd Semester (1/1/09-8/31/09)
2 or more Dependents: \$3,260 Annually (9/1/08-8/31/09) \$2,184 2nd Semester (1/1/09-8/31/09)

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 _____

(CHECKS PAYABLE TO **CROSS INSURANCE**)

DEF-J3A03

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