

**Graduate Assistants, Fellows and Trainees
Dependent Injury and Sickness Insurance Plan Enrollment Form**

September 1, 2009 - September 1, 2010

**THIS FORM IS FOR DEPENDENTS OF GRADUATE ASSISTANTS, FELLOWS AND TRAINEES
(NOT FOR UNDERGRADUATES OR REGULAR GRADUATE STUDENTS)**

I understand that coverage is not effective until the effective date of the listed policy term I select below or subsequently on the date my application and premium are received by the company or its agent. I have read the brochure on-line or which accompanied this application entitled Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees of The University of Maine.

The open enrollment deadline for the Annual Term is 09/14/2009 and for the Spring Term is 01/12/10.

Covered students may enroll their lawful spouse/domestic partner* and unmarried dependent children under age 25 who are not self-supporting for the same term that the student is enrolled. The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees in order for dependents to be eligible for enrollment. Dependent eligibility expires concurrently with that of the insured student. Pre-existing conditions are excluded for 12 months, if not covered by other insurance within 90 days prior to the date of application of this policy.

Once enrolled, a dependent may not disenroll from nor cancel the health insurance coverage. Premium is fully earned and non-refundable.

I wish to insure the following dependents:

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY	GENDER
_____	Spouse/Domestic Partner*	_____	_____	_____
_____	Child	_____	_____	_____
_____	Child	_____	_____	_____

The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees in order for dependents to be eligible for enrollment. There are no Cutler Health Center Services available to dependents of students.

*Domestic Partners must also submit an "Affidavit of Domestic Partnership" with the Dependent Insurance Enrollment Form. The affidavit is available at www.crossagency.com/umaine.

DEPENDENT RATES: (Circle One)	9/1/09 – 9/1/10 <u>Annual Premium</u>	1/1/10 – 9/1/10 <u>Spring Premium</u>
ONE DEPENDENT:	\$3,950	\$2,642
TWO OR MORE DEPENDENTS:	\$8,634	\$5,775

Make check(s) payable to: Cross Insurance

Please complete the following information:

Student Name: _____ **MaineStreet ID #:** _____

Local Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: () _____ **Date of Birth:** _____ **E-Mail Address:** _____

Student Signature

Date

For a description of covered benefits, definitions and exclusions to this Plan, refer to the 2009-2010 brochure titled The University of Maine Student Injury and Sickness Insurance Plan Designed Especially for Graduate Assistants, Fellows and Trainees.

**Return this completed form to:
The University of Maine, Bursar's Office, 5703 Alumni Hall, Orono, ME 04469-5703**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.