

**CONFIDENTIAL**

**Student Health Insurance Enrollment Form Spring 2010**

**STUDENTS REGISTERED FOR AT LEAST 6.0 UMA CREDIT HOURS MAY ENROLL**

**Student Cost: \$738 Spring Plan (1/1/10–9/1/10)**

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

Enclosed is \$\_\_\_\_\_ (payment in full by check) payable to University of Maine at Augusta for enrollment in the Student Health Insurance Plan.

Please return this card to the Office of the Dean of Students, University of Maine at Augusta, 46 University Dr., Augusta, ME 04330.

Name \_\_\_\_\_ Soc Sec. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female  **Signature** \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

***Last day to enroll is February 12, 2010.***

Dependent Coverage may be purchased separately through Cross Insurance

Please call Cross Insurance for further information at (800) 537-6444 or visit the agency website at [www.crossagency.com/uma](http://www.crossagency.com/uma)

**After 1/1/10 coverage is effective the date payment and signed enrollment form are received.**

EF-J3A00

**Please see reverse side of card if paying by bank card and for additional payment options.**

I am using the following form of payment:

Excess Financial aid (must return enrollment card by December 31, 2009).

***If joining the payment plan, first payment is due by January 5, 2010. There is a \$30 non-refundable fee to join the payment plan.***

Four-payment plan option (last day to join four-payment plan for Spring is January 15, 2010). Payment due dates for spring: 1/5/10; 2/5/10; 3/8/10; 4/5/10.

Bank Card: \_\_\_\_ Pay in Full    \_\_\_\_ Use Four-Pay Plan

Bank Card Number: \_\_\_\_\_ v code (last 3 numbers on back of card)    Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be Charged to Bank Card: \_\_\_\_\_

**(Due to a State of Maine Privacy Law, bank card numbers are not kept on file;  
you must contact us each month you wish to have your payment charged to your bank card.)**

I understand and agree to be responsible for all collection costs, reasonable attorney fees, and court costs in the event that I do not fulfill this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_