

Dependent Injury and Sickness Insurance Plan Enrollment Form

**The University of Maine
September 1, 2009 - September 1, 2010**

***THIS FORM IS FOR DEPENDENTS OF UNDERGRADUATE and GRADUATE STUDENTS
(NOT FOR GRADUATE ASSISTANTS OR FELLOWS)***

I understand that coverage is not effective until the effective date of the policy, September 1, 2009, 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 and Undergraduate Students of The University of Maine. **The open enrollment deadline for the annual plan is 10/09/09.**

Covered students may enroll their lawful spouse/domestic partner* and unmarried dependent children under age 25 who are not self-supporting. The student must be enrolled in The University of Maine Student Injury and Sickness Insurance Plan 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 and 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 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:	Annual Premium**
ONE DEPENDENT:	\$4,010
TWO OR MORE DEPENDENTS:	\$8,676

Please return this form along with premium payment to: Cross Insurance, P.O. Box 3028, Lewiston, ME 04243

** Annual Plan premium for dependents is payable in two equal installments (Fall \$2,005 and Spring \$2,005 for one dependent/Fall \$4,338 and Spring \$4,338 for two or more dependents). Please submit your check or money order with this enrollment form made payable to Cross Insurance. Credit Card payment is not available. Coverage for all insured dependents will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the initial Enrollment Form and premium is received. **For dependents with the two installment option, a bill will be issued by Cross Insurance in December, 2009. The second installment payment must be received by Cross Insurance no later than January 31, 2010, or dependent coverage will terminate at 12:01 a.m. on March 1, 2010.** (Note: Coverage for only the Fall Semester is not available, if you chose the installment payment option, you are enrolling for the 12 month plan and will be billed in two equal installments. **Once enrolled, a dependent may not disenroll from nor cancel the health insurance coverage and premium is fully earned and non-refundable.**)

Please complete the following information:

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 brochure for 2009-2010 Student Injury and Sickness Insurance Plan, Designed Especially For the Graduate and Undergraduate Students of The University of Maine.

If you have any questions or concerns, please contact Cross Insurance - 1-800-537-6444 or on-line at <http://www.crossagency.com/umaine>
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.