WASHINGTON COUNTY COMMUNITY COLLEGE • CALAIS, MAINE
Application for Dependent Insurance

Student's Name _____

Program Enrolled _____

Starting Date _____

Date of Application _____

Student's Signature _____

Dependent Coverage

❑I wish to purchase dependent Coverage for the following:

❑Spouse _____
$617.00 Name Date of Birth

❑Domestic Partner* _____
$617.00 Name Date of Birth

❑Child/children _____
$265.00 Name Date of Birth

_____
Name Date of Birth

***Domestic Partner coverage is not effective until the enrollment form, premium and necessary administrative forms (affidavit of domestic partner) are received by Cross Insurance . The Affidavit forms are available from Cross Insurance and the Admissions Office at the College.**

Please make check or money order payable to: Cross Insurance, 217 Main Street, Lewiston, ME 04243-3028.

DEF-J3A10