



Office of International Programs

International Student Health Insurance Dependent Enrollment Form

Last Name: _____ First Name: _____

MaineStreet ID#: _____ Date of Birth: _____ Gender: F M

Address: _____ Phone: _____

_____ Home Country: _____

- Dependent coverage is available only when the student is first covered for UMaine International Insurance and within 31 days of birth, marriage, or arrival in the USA of the dependent.
- Student/Scholar must be insured for this entire period in order to insure dependents.

Check Appropriate Box(es)

- | | | | |
|--------------------------|---------------------|--|-----------------------------------|
| <input type="checkbox"/> | 12 Month Enrollment | Spouse - \$2,340 | August 1, 2015 – July 31, 2016 |
| <input type="checkbox"/> | | \$2,340/child - \$7020/ 3 or more children | |
| <input type="checkbox"/> | 8 Month Enrollment | Spouse - \$1,560 | December 1, 2015 – July 31, 2016 |
| <input type="checkbox"/> | | \$1,560/child- \$4680/3 or more children | |
| <input type="checkbox"/> | 6 Month Enrollment | Spouse - \$1,183 | August 1, 2015 – February 1, 2016 |
| <input type="checkbox"/> | | \$1,183/child- \$3549/3 or more children | January 1, 2016 – July 1, 2016 |

Dependent Information

Date of Application: _____

Family Name: _____ Given Name: _____ DOB: _____ Spouse Child
 Gender M F

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 Gender M F

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 Gender M F

Important Information for Student

- ✓ Fill Out Form
- ✓ Make out check or money order (in U.S. funds ONLY) payable to Cross Insurance
- ✓ Take form and check to the Bursar's Office, Alumni Hall for processing
- X DO NOT SEND PAYMENT OR FORM TO INSURANCE AGENCY

Signature _____ Date _____