

Family Name	_____	First Name	_____
Maine Street ID #	_____	Date of Birth	_____ Gender <input type="checkbox"/> F <input type="checkbox"/> 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)

12 Months -	<input type="checkbox"/> Spouse - \$2,437	August 1, 2016 – July 31, 2017
	<input type="checkbox"/> Child(ren) - \$2,437	
Fall Semester -	<input type="checkbox"/> Spouse - \$ 1,236	August 1, 2016 – February 1, 2017
	<input type="checkbox"/> Child(ren) - \$1,236	
Spring Semester-	<input type="checkbox"/> Spouse - \$1,236	January 1, 2017 – July 1, 2017
	<input type="checkbox"/> Child(ren) - \$1,236	
8 Months-	<input type="checkbox"/> Spouse - \$1,623	December 1, 2016 – July 31, 2017
	<input type="checkbox"/> Child(ren) - \$1,623	
Summer -	<input type="checkbox"/> Spouse - \$614	May 1, 2017 – July 31, 2017
	<input type="checkbox"/> Child(ren) - \$614	

Dependent Information

Family Name _____	Given Name _____	DOB _____	Gender <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> F <input type="checkbox"/> M
Family Name _____	Given Name _____	DOB _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Child
Family Name _____	Given Name _____	DOB _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Child
Family Name _____	Given Name _____	DOB _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Child

Signature _____ Date _____

For Office Use Only	
OIP Approval _____	Date _____
<input type="checkbox"/> To Bursar's Office	<input type="checkbox"/> DB