

Surname <small>(according to passport)</small>	_____	Given Name	_____
Maine Street ID #	_____	Date of Birth	_____
Address	_____	Gender	<input type="checkbox"/> F <input type="checkbox"/> M
	_____	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

Surname <small>(according to passport)</small>	_____	Given Name	_____	DOB	_____	Gender	<input type="checkbox"/> Spouse <input type="checkbox"/> Child
						<input type="checkbox"/> F <input type="checkbox"/> M	
Surname <small>(according to passport)</small>	_____	Given Name	_____	DOB	_____	Gender	<input type="checkbox"/> Child
						<input type="checkbox"/> F <input type="checkbox"/> M	
Surname <small>(according to passport)</small>	_____	Given Name	_____	DOB	_____	Gender	<input type="checkbox"/> Child
						<input type="checkbox"/> F <input type="checkbox"/> M	
Surname <small>(according to passport)</small>	_____	Given Name	_____	DOB	_____	Gender	<input type="checkbox"/> Child
						<input type="checkbox"/> F <input type="checkbox"/> M	

Submission Requirements

Make out check or money order (in U.S. funds ONLY) payable to Cross Insurance
 (unless you are a sponsored student and your sponsor has agreed to pay for your dependents)
Payment is due when this form is submitted. Dependents will not be enrolled until payment is made.
 Submit completed form with payment to Bursar's Office in Alumni Hall.

Signature _____ Date _____