

**DEADLINE: No later than 2 weeks after the start of classes**

All University of Maine international students are automatically billed for a full year of medical insurance. Intensive English Institute students and exchange students who intend to study for less than one academic year and students graduating in December may request to be covered for less than the full year. This form is used to make that request.

Family Name _____	First Name _____
Maine Street ID # _____	Date of Birth _____ Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address _____	Phone _____
_____	Home _____
_____	Country _____

Please initial the statements below to show that you understand and agree.

\_\_\_\_\_ I understand that if I have dependents with me in the US, they must have medical insurance at all times.  
 \_\_\_\_\_ I understand that if my plans change and I stay longer than originally intended, I am required to request an extension of coverage from the Office of International Programs.  
 \_\_\_\_\_ I understand that if I am a newly enrolled student, I will be covered by this plan up to two weeks prior to the beginning of classes but no sooner than the day I arrived in the country under UMaine visa sponsorship as determined by the University of Maine - Office of International Programs.

Check the appropriate box below

- 12 Months - \$2,437 August 1, 2016 – July 31, 2017
- Fall Semester - \$1,236 August 1, 2016 – February 1, 2017
- Spring Semester- \$1,236 January 1, 2017 – July 1, 2017
- 8 Months- \$1,623 December 1, 2016 – July 31, 2017
- Summer - \$614 May 1, 2017 – July 31, 2017

Signature \_\_\_\_\_ Date \_\_\_\_\_

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