

Surname <small>(according to passport)</small>	_____	Given Name	_____
Maine Street ID #	_____	Date of Birth	_____ Gender <input type="checkbox"/> F <input type="checkbox"/> M
US Street Address	_____	Phone	_____
City, State, Zip Code	_____	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 - \$2,502	August 1, 2017 – July 31, 2018
	<input type="checkbox"/> Child(ren) - \$2,502	
Fall Semester -	<input type="checkbox"/> Spouse - \$ 1,268	August 1, 2017 – February 1, 2018
	<input type="checkbox"/> Child(ren) - \$1,268	
Spring Semester-	<input type="checkbox"/> Spouse - \$1,268	January 1, 2018 – July 1, 2018
	<input type="checkbox"/> Child(ren) - \$1,268	
8 Months-	<input type="checkbox"/> Spouse - \$1,666	December 1, 2017 – July 31, 2018
	<input type="checkbox"/> Child(ren) - \$1,666	
Summer -	<input type="checkbox"/> Spouse - \$631	May 1, 2018 – July 31, 2018
	<input type="checkbox"/> Child(ren) - \$631	

**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 \_\_\_\_\_