

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

- | | |
|---|------------------------------------|
| <input type="checkbox"/> 12 Months - \$2,845 | August 1, 2018 – July 31, 2019 |
| <input type="checkbox"/> Fall Semester - \$1,193 | August 1, 2018 – December 31, 2018 |
| <input type="checkbox"/> Spring Semester- \$1,652 | January 1, 2019 – July 31, 2019 |
| <input type="checkbox"/> Summer - \$475 | June 1, 2018 – July 31, 2018 |

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	<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	<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	<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	<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 _____