

UNIVERSITY OF MARYLAND EASTERN SHORE
POLICY NUMBER UEL2756S
INTERNATIONAL STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
2011-2012

**ENROLLMENT FORM FOR DEPENDENTS AND
STUDENTS ENROLLING LATE**

Social Security Number: _____ or Student ID#: _____

Name: _____

(Please print) Last First MI

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Male: [] Female: []

Home Country or Country of Regular Domicile: _____

FALL SEMESTER

8/30/11 - 2/02/12

[] Student \$165.04 (**Late enrollment ONLY**)

[] Spouse * \$699.80

[] Child(ren) * \$335.50

Total _____

SPRING SEMESTER

2/02/12 - 8/30/12

[] Student \$165.04 (**Late enrollment ONLY**)

[] Spouse * \$699.80

[] Child(ren) * \$335.50

Total _____

The above rates include an administrative fee.

** Coverage for dependent spouse and child(ren) is optional.*

Dependent Information:

Spouse Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

STUDENT SIGNATURE: _____ **DATE** _____

Your check or money order must be made payable to The Allen J. Flood Companies, Inc. Mail your completed form with the appropriate payment to The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538 no later than **October 15, 2011** for annual coverage and **March 15, 2012** for spring.

