

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.

