



Regence BlueShield

An Independent Licensee of the Blue Cross
and Blue Shield Association

Request to add a Newborn to your Group or Individual Policy

Notification can be made through written correspondence via regular mail or fax to the Membership Department.

Subscriber's Name _____ Daytime Phone # _____

ID # _____ Group # _____

Please add my newborn child to my policy effective on their date of birth.

Name of newborn child _____
Last First Middle

Newborn's Date of Birth _____ Male Female

Newborn's Social Security Number (if available) _____

Newborn's Personal Care Provider (if Selections®) _____

If you have Dental coverage, do you want the newborn added to your dental coverage at this time?
 Yes No

NOTE: If you have group coverage, your request will be forwarded to your group administrator for processing. Please be advised your group administrator may require additional documentation.

Customer Service: 1 (800) 458-3523

Mail written correspondence to:
Regence BlueShield
Attn: Membership
PO Box 21267
Seattle WA 98111-3267

Subscriber's Signature

Date

Thank you for choosing Regence BlueShield for your health care coverage.