

NEWBORN ENROLLMENT APPLICATION

A newborn child may be covered from the date of birth if the newborn is enrolled within 90 days of the date of birth. This form may be used to request enrollment of a newborn child. The member will receive an identification card once enrolled. Newborns not enrolled within 90 days of the date of birth will be subject to plan rules governing late enrollees.

This completed form may be mailed, faxed or emailed. Please refer to the applicable information at the bottom of this form. If you have any questions, please refer to your membership materials or contact Customer Service.

Sincerely,
Customer Accounts

NEWBORN ENROLLMENT INFORMATION

Policyholder _____
Member ID# _____ Member SSN _____
Group Name _____ Group Number _____
Newborn Name _____ Mother's Name _____
Date of Birth ____/____/____ Sex _____ Newborn SSN _____
Primary Care Physician (PCP) 5-digit Code* _____
Will newborn be covered by any other insurance? (Please check Yes or No) Yes No
If yes, insurance company name and address _____

Member Signature _____ Date ____/____/____
Group Administrator Signature _____ Date ____/____/____

A signed copy of this form may be given to the employee before the expected date of birth to complete and mail, fax or email when the baby is born.

For multiple births, such as twins, please write name, sex, SSN and the PCP* information on the bottom of this form.



Arkansas Blue Cross and Blue Shield
ATTN: Customer Accounts 2 North
P.O. Box 2181
Little Rock, AR 72203-9974
Fax 501- 378-3248
Email: Groupaccounts@arkbluecross.com



Health Advantage
ATTN: Customer Accounts
P.O. Box 8069
Little Rock, AR 72203-8069
Fax 501-301-6869
Email: HACustacctcs@arkbluecross.com