

Request to add a Newborn to your Group or Individual Policy

Notification can be made through written correspondence via regular mail, fax, or per recorded phone call.

Subscriber's Name _____ Subscriber's 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) _____

NOTE: Requests must be received within 60 days from the date of birth in order to add newborn effective the date of birth. If request is not received within the 60 days a full application will be required. Normal effective date rules will apply. Please contact our office if you have any additional questions.
 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.

Subscriber's Signature

Date

To submit your request:

Call Customer Service: 1-800-632-2022
 Fax Membership: 1-208-798-2047
 Mail written request to: Regence BlueShield of Idaho
 Attn: Individual Membership
 P.O. Box 1106
 Lewiston, ID 83501

Thank you for choosing Regence BlueShield of Idaho for your health-insurance coverage.