



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, fax, e-mail or per recorded phone call to the Membership Department.

Subscriber's Name _____ Subscriber's Daytime Phone # _____

ID # _____ Group # _____

Please add my newborn child to my policy effective 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: 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.

Individual Membership: 1 (800) 632-2022, ext. 2034

Individual Membership Fax: 1 (208) 798-2094

Mail written correspondence to:

Regence BlueShield of Idaho
Attn: Individual Membership
P.O. Box 1106
Lewiston, ID 83501

Subscriber's Signature

Date

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