



5-Byte ID:



Add Baby to Benefit Coverage Request Form

Employee:

Building:

Baby's Information:

| |
|--|
| Name: |
| Date of Birth: |
| Gender: |
| Coverage (check all that apply): BCBS PPO <input type="checkbox"/> BCN HMO <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> |
| <i>Needed for HMO coverage only</i> Pediatrician: |

Signature

Date

*Reminder: you only have **30 days from the date of birth** to add the baby to your insurance, so it is imperative to contact the Benefits Department right away. The effective date of the baby's coverage will be retroactive to the date of birth as long as you provide this information within the 30 day window.*

A few weeks after the baby arrives, you will receive the Social Security card in the mail. You must order copies of the birth certificate for your records and then provide a copy of the Birth Certificate to the Benefits Department, as well as notification of the Social Security number. For your privacy and security, please do NOT email Social Security Numbers. You may provide this information over the phone or send a copy of the card via fax to 248-489-3318.

Date Received: _____