

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 first name		Middle initial (MI)	Last name	
Member ID number			Member Social Security Number (SSN)	
Group name			Group number	
Newborn first name		MI	Last name	Date of birth (mm/dd/yyyy)
Sex	Newborn SSN	Mother's name		
Primary care physician (PCP) 5-digit code*				

Will newborn be covered by any other insurance? Yes No

If yes, insurance company name

Insurance company street or PO box		City	State	ZIP
Member signature			Date signed (mm/dd/yyyy)	
Group administrator signature			Date signed (mm/dd/yyyy)	

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.

Form can be returned by mail:

Arkansas Blue Cross and Blue Shield
ATTN: Customer Accounts
P.O. Box 2181
Little Rock, AR 72203-9974

or

Fax: 501-378-3248

Email: groupchanges@arkbluecross.com

Health Advantage

ATTN: Customer Accounts

P.O. Box 8069

Little Rock, AR 72203-8069

or

Fax: 501-301-6869

Email: groupchanges@arkbluecross.com