



## Add a Newborn Form

To add your newborn to your Medi-Share membership, please complete this form within 30 days of the birth of your child.

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone#: \_\_\_\_\_

Newborn Name: \_\_\_\_\_

(If more than one child, please fill out additional forms)

Please circle gender: Male \_\_\_\_\_ or Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Newborn Social Security #: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Will adding on the baby change the monthly share amount? Yes  No

Is add on according to Guidelines Section IX E? Yes  No

Please be aware that this form needs to be filled out and returned to Medi-Share within thirty (30) days of the birth of the child. Bills for your baby cannot be considered for sharing until this form has been received and the child has been added to your Membership.

Please return this form to P.O. Box 120099 West Melbourne, FL 32912 or you may fax it to (321) 722-5134.

Questions? Call Member Services at (800) 264-2562 and ask to speak with your Member Advocate.