

MUNICIPAL HEALTH BENEFIT PROGRAM
NEWBORN ENROLLMENT APPLICATION

A newborn child may be covered from the date of birth if enrolled within the MHBP within 60 days of the date of birth. Newborns not enrolled within this time-frame may not be enrolled until the next open enrollment period.

Newborn Enrollment Information

Employee/Policyholder Name: _____

Employee SSN: _____ Employee Date of Birth: _____

Newborn Name: _____

Newborn Date of Birth: _____

Newborn SSN (if available. Please attach copy of SSN card): _____

Newborn Gender: _____Male _____Female

For multiple births, such as twins, please complete a separate form

Will this newborn be covered by any other insurance? _____Yes _____No

If Yes, please complete the following information:

Other insurance company name: _____

Other insurance company phone number: _____

Other insurance Policyholder Name: _____

Other insurance Policyholder Relationship to Newborn: _____

Other insurance Identification/Policy number: _____

Member Signature: _____ Date: _____

Group Representative Signature: _____ Date: _____

A signed copy of this form may be given to the employee before the expected date of birth to complete and submit when the baby is born. Form can be faxed to 501-537-7265 or emailed to mhbpgprsvcs@arml.org