

STATE BAR OF TEXAS INSURANCE TRUST



ADDITION OF NEWBORN

(Must be received within 31 days of birth)

NEWBORN'S NAME: _____

DATE OF BIRTH: _____

This is to add the above named newborn to the existing Aetna coverage of:

NAME OF INSURED: _____

CERTIFICATE NUMBER: _____

(Required information)

SOCIAL SECURITY NUMBER: _____

SIGNATURE _____

DATE: _____

FIRM ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____