



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: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____

DATE: _____

FIRM ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____