



Asuris Northwest Health

A Regence Affiliate

Request to add a Newborn to your Group or Individual Policy

Notification can be made through written correspondence via regular mail or fax to the Membership Department.

Subscriber's Name _____ Daytime Phone # _____

ID # _____ Group # _____

Please add my newborn child to my policy effective on their date of birth.

Name of newborn child _____
Last First Middle

Newborn's Date of Birth _____ Male Female

Newborn's Social Security Number (if available) _____

If you have Dental coverage, do you want the newborn added to your dental coverage at this time?
 Yes No

NOTE: If you have group coverage, your request will be forwarded to your group administrator for processing. Please be advised your group administrator may require additional documentation.

Customer Service: 1 (800) 245-6024

Mail written correspondence to:

Asuris Northwest Health
Attn: Membership
528 E. Spokane Falls Blvd.
Suite 301
Spokane WA 99202

I have provided these answers as part of the application procedure required by Asuris Northwest Health to enroll in coverage and I certify that all information completed on this form is true, correct, and complete. I understand that Asuris Northwest Health will rely on each answer in making coverage and rating determinations.

For the protection of all of our members, knowingly providing us with false, incomplete or misleading information may result in Asuris Northwest Health taking any action allowed by law or Contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties.

Subscriber's Signature

Date

Thank you for choosing Asuris Northwest Health for your health care coverage.