

**ADDING NEW BORN**  
(Copy of Birth Certificate required)

EMPLOYEE INFORMATION

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**MEDICAL COVERAGE:**

DEPENDENT

NAME: \_\_\_\_\_

BOY \_\_\_\_ GIRL \_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**DENTAL COVERAGE:**

YES  NO

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

- Change to family coverage
- Change to EE+1
- No change in premium