



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## Request to add a Newborn to your Individual Policy

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

Subscriber's Name \_\_\_\_\_

Subscriber's Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

ID Number \_\_\_\_\_ Group Number \_\_\_\_\_

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

Name of Newborn Child (Last, First, Middle) \_\_\_\_\_

Newborn's Date of Birth \_\_\_\_\_ Newborn's Gender:  Male  Female

Newborn's Social Security Number (if available) \_\_\_\_\_

Newborn's Primary Care Physician (if selected) \_\_\_\_\_

Customer Service Phone Number: 1 (800) 777-3168

Individual Membership Fax Number: 1 (503) 220-4796

**Mail written correspondence to:**

Regence BlueCross BlueShield of Oregon  
Attn: Membership MSE10K  
PO Box 1271  
Portland, OR 97207-1271

▶ \_\_\_\_\_  
Subscriber's Signature

\_\_\_\_\_  
Date

**Thank you for choosing Regence BlueCross BlueShield of Oregon for your health insurance needs.**