



Medi-Share[®]
Christian Care Medical Sharing

Add a Newborn

To add your newborn to Medi-Share, please complete this form within 30 days of the birth of your child.

Head of Household: _____

Household Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Newborn Name: _____

(If more than one child, please fill out additional forms:)

Please circle gender: **MALE** **FEMALE**

Date of Birth: _____ Height _____ Weight: _____

Newborn Social Security Number: _____

Signature: _____ Date: _____

Will adding on the baby change the monthly share amount? **Yes** **No**

Is add-on according to Guidelines Section VII. E. **Yes** **No**

Please be aware that this form needs to be filled out and returned to Medi-Share within *30 days* of the birth of the child. Bills for your baby cannot be considered for sharing until this form has been recieved and the child has been added.

Please return this form to P.O Box 120099 West Melbourne, FL 32912 or you may fax it to (321) 722-5134.

Questions? Call Member Services at (800) 264-2562.