



Benefit Plans Office

VEBA COMMISSION

Wisconsin Evangelical Lutheran Synod
2949 N. Mayfair Road, 2nd Floor, Milwaukee, WI 53222
Telephone: (414) 256-3860 Facsimile (414) 256-3879

PENSION COMMISSION

DATE: _____

TO: WELS VEBA Group Health Care Plan Members

RE: Newborn Enrollment

CONGRATULATIONS!

Your baby is NOT automatically enrolled. **YOU** MUST NOTIFY OUR OFFICE WITHIN THE FIRST 60 DAYS OF YOUR BABY'S BIRTH. Listed below are your options to add your baby under the WELS VEBA Group Health Care Plan:

1. You may wish to complete this form and return it in the envelope provided postmarked within the first 60 days of your baby's birth or health coverage for your baby will be denied.

Member Name: _____

ID Number: _____

Full Name of Newborn: _____

Birth Date: _____ Social Security Number of Newborn: _____

2. You may wish to call our office at 1-800-487-8322 and speak with a claims representative within the first 60 days of your baby's birth or health coverage for your baby will be denied.

Please do not wait for your baby's social security number. You may call it in when you receive it.

Signature: _____ Date: _____

If you have any questions, please contact our office.

Thank you,
WELS VEBA Group Health Care Plan
Claims Division