

To: [Insurance Provider/HR Department Name]

From: [Parent Name/Policy Holder Name]

Date: [Current Date]

Subject: Referral for Newborn Enrollment - [Policy Number]

Dear [Contact Person or Department],

I am writing to formally request the addition of my newborn child to my existing health insurance policy, [Policy Number].

Please find the infant's details below:

- Full Name: [Infant's Full Name]
- Date of Birth: [Date of Birth]
- Gender: [Gender]
- Place of Birth: [City, State/Hospital Name]

I have attached the following supporting documentation for your records:

- Copy of the birth certificate (or hospital discharge papers)
- Social Security Number application (if applicable)

Please confirm the effective date of coverage and notify me if any additional forms or premiums are required to finalize this referral. I look forward to receiving the updated policy documents and insurance ID card.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]