



COVERAGE OF NEWBORN CHILDREN: WAIVER

Pursuant to Tennessee Code Annotated § 56-7-2301, the undersigned Applicant hereby agrees that there will not be automatic coverage of a newly born child of (1) the Applicant; (2) the Applicant's spouse; or (3) a child under 19 years of age for whom application for individual coverage is made, if the newly born child in the preceding scenarios is born after the effective date of this coverage and if such persons were pregnant and/or an expectant parent when application for coverage was made.

Applicant Name (Please Print)

Date

Applicant Signature

Spouse Signature (if applicable)

In the preceding scenarios the newly born child may be offered coverage by whichever option is applicable to your plan:

If your plan offers family coverage:

1. apply to add the newly born child to the existing family coverage; or
2. apply to change from individual coverage to family coverage and apply to add the newly born child as a dependent.

If your plan offers individual coverage only:

1. complete a new application of the same plan for the child

The newly born child must meet the definition of an eligible dependent and Farm Bureau Health Plans medical underwriting guidelines. In both scenarios, if the newborn child's application is made within 31 days of the date of birth and coverage is offered, the child's coverage can become effective on the date of birth. With applications submitted after 31 days from the date of birth and coverage is offered, the child may be added on the next possible effective date. The medical underwriting decision may result in a higher premium rate. If so, the coverage will be billed at the higher premium rate.

A child of Applicant's eligible non-spouse dependent (i.e., Applicant's grandchild or Applicant's spouse's grandchild) will not be eligible to be added to Applicant's existing family coverage.

***NOTE: This form is not applicable to the plans designed to accommodate the Affordable Care Act.**