



Childbirth Benefit

(Mother must be insured for Sick Benefit)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name _____ Lodge # _____

Address _____ Policy # _____

Newborn's Date of Birth _____ Is Newborn a Member of SNPJ? Yes No

Normal Delivery Cesarean Section

Signature of Insured _____

The undersigned physician certifies under penalties of perjury, that the statements contained on this form are true and correct.

Doctor's Signature _____ Date _____

Printed Name of Doctor _____ Phone # _____

Doctor's Address _____

Office Use Only

Payment _____