



# Baby Gift Form

Which Gift are you applying for? Please submit the proper documentation.

<input type="checkbox"/> <b>First four pre-natal visits</b>	<input type="checkbox"/> <b>Birth of your child</b>
<b>Completed Form</b>	<b>Completed Form</b>
<b>Physician's Note</b> (confirming attendance to all pre-natal visits by the second trimester)	<b>Physician's Note</b> (confirming attendance to remaining pre-natal visits after second trimester)
	<b>Proof of birth</b> (temporary birth certificate or immunization records)

***You must be enrolled in the DriveTime medical plan to be eligible for the Baby Gift Program.***

Name: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
(If spouse of employee)

Employee ID: \_\_\_\_\_

Please fax this form with the required documents to **(866)-665-7197**  
ATTN: Benefits Department. Be sure to keep a copy of these documents for your records. **Incomplete requests will not be processed.**

If you do not receive your gift within two weeks, contact the Benefits Department at [Benefits@DriveTime.com](mailto:Benefits@DriveTime.com).