## **Aetna Better Health® of Kansas**

## **Boy Scouts Enrollment Form**

ıb Name:	
New Club Membership	Club Membership Renewal
Document presented to verify member eligibility*	
Member ID Card	Other
*Review only. Do not retain copies.	
Child(ren)'s Name(s)	Member KanCare ID#
Parent/Guardian Name:	
Contact Information (phone or email):	
Parent/Guardian Signature:	Date:
Member Address:	
City is	State:ZIP:

