

# Aetna Better Health<sup>®</sup> of Kansas

# Boy Scouts Enrollment Form

Club 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: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Complete this form and take it to the nearest Boy Scouts organization.

