CHM Christian Healthcare Ministries

For assistance, please call **1-833-564-6246** | **Member Enrollment Form**

☐ I affirm that I am a Christian living by biblical principles.

Christian Healthcare Ministries is exclusively for Christians living by New Testament principles, in accordance with CHM's Guidelines. We believe that having a personal relationship with Jesus will be the best decision you will ever make.

First name | Last name | Gender ☐ M ☐ F

Phone number | Email address

How did you hear about CHM?

If you were referred by a CHM member, please provide the phone number of the individual who referred you to CHM so they may receive referral credits.

Referral phone number

Why did you choose CHM?

☐ ***I agree to receive communications**, news and updates from Christian Healthcare Ministries and authorize them to store and process my personal data. Christian Healthcare Ministries is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you based on your preference indicated above/below. You may unsubscribe from marketing emails at any time. For more information, please review our Privacy Policy Click 'unsubscribe' in any email to remove your email address.*

☐ ***By checking this box, you agree** to CHM's Mobile Terms of Use found in CHM's Privacy Policy under SMS Terms of Service and receiving informational and transactional text messages. You also agree to recurring automated promotional and marketing text messages from CHM at the cellular number used when signing up. Reply HELP for more info. Reply STOP to unsubscribe.*

Street address | City | State | Zip

Date of birth | Start date | Last 4 of SSN

Select one program

CHM GOLD $299	CHM GOLD & CHM PLUS $341	CHM SILVER $169	CHM SILVER & CHM PLUS $211	CHM BRONZE $115	CHM BRONZE & CHM PLUS $157	SENIORSHARE™ $119
☐	☐	☐	☐	☐	☐	☐

Pre-existing conditions* | *Date symptom began*

**Any medical condition for which a member experiences signs, symptoms, testing, or treatment (including routine and/or maintenance medications) before joining CHM, regardless of whether the member has received a diagnosis. Please see the CHM Guidelines for more information.*

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TO ADD YOUR SPOUSE, SEE REVERSE SIDE

CHM Christian Healthcare Ministries

For assistance, please call **1-833-564-6246** | **Member Enrollment Form**

☐ I affirm that my spouse is a Christian living by biblical principles.

Christian Healthcare Ministries is exclusively for Christians living by New Testament principles, in accordance with CHM's Guidelines. We believe that having a personal relationship with Jesus will be the best decision you will ever make.

Spouse first name | **Spouse** last name | Gender ☐ M ☐ F

Spouse phone number | **Spouse** email address

☐ ***I agree to receive communications**, news and updates from Christian Healthcare Ministries and authorize them to store and process my personal data. Christian Healthcare Ministries is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you based on your preference indicated above/below. You may unsubscribe from marketing emails at any time. For more information, please review our Privacy Policy Click 'unsubscribe' in any email to remove your email address.*

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☐ ***I authorize my spouse** to make changes to this membership.*

Street address | City | State | Zip

Date of birth | Start date | Last 4 of SSN

Select spouse's program

CHM GOLD **$299**	CHM GOLD & CHM PLUS **$341**	CHM SILVER **$169**	CHM SILVER & CHM PLUS **$211**	CHM BRONZE **$115**	CHM BRONZE & CHM PLUS **$157**	SENIORSHARE™ **$119**
☐	☐	☐	☐	☐	☐	☐

Pre-existing conditions* | *Date symptom began*

**Any medical condition for which a member experiences signs, symptoms, testing, or treatment (including routine and/or maintenance medications) before joining CHM, regardless of whether the member has received a diagnosis. Please see the CHM Guidelines for more information.*

TO ADD DEPENDENTS, SEE NEXT PAGE

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For assistance, please call **1-833-564-6246** | **Member Enrollment Form**

Select dependent(s) program

CHM GOLD **$299**	CHM GOLD & CHM PLUS **$341**	CHM SILVER **$169**	CHM SILVER & CHM PLUS **$211**	CHM BRONZE **$115**	CHM BRONZE & CHM PLUS **$157**
☐	☐	☐	☐	☐	☐

Dependent(s)

**Dependents over the age of 18 must be unmarried, full time students (enrolled at least 5 months out of the year) and under the age of 26, or disabled; otherwise they need to apply for their own membership.*

1.

First name | *Last name*

*Date of birth** | *Membership start date* | *Gender* ☐ M ☐ F | *Last 4 of SSN*

Pre-existing condition(s) | *Date symptom began*

2.

First name | *Last name*

*Date of birth** | *Membership start date* | *Gender* ☐ M ☐ F | *Last 4 of SSN*

Pre-existing condition(s) | *Date symptom began*

3.

First name | *Last name*

*Date of birth** | *Membership start date* | *Gender* ☐ M ☐ F | *Last 4 of SSN*

Pre-existing condition(s) | *Date symptom began*

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Checklist of Understanding

Thank you for becoming a part of Christian Healthcare Ministries (CHM). Your participation is a testament to the love Christians have for each other. Many U.S. states legally require completion of the checklist below in order for CHM to share your medical bills. It's important that you fully understand that Christian Healthcare Ministries is a group of Christians who voluntarily assist each other with medical costs in accordance with the CHM Guidelines. CHM is a health cost sharing ministry, not insurance, and carries out the command of Galatians 6:2 by meeting one another's medical costs.

Christian Healthcare Ministries (CHM) is a healthcare sharing ministry; therefore, I understand that CHM is...

... described in the national healthcare law as an acceptable option to meet the law's individual mandate for health cost coverage

... a ministry available to share (pay) members' healthcare costs while upholding Christian beliefs

... not insurance, not approved or endorsed by the Department of Insurance in my state, and that medical incidents or losses are not protected by the state guaranty fund.

My monthly contribution to Christian Healthcare Ministries enables CHM to help me in the following ways...

... to keep on file information concerning my participation or my family's participation

... to receive medical bills and prepare them for consideration for sharing through the audited Member Sharing Account (member-to-member for Maryland members)

... to share medical expenses found to be eligible under the CHM Guidelines

... to send me CHM's monthly *Heartfelt* Magazine each month (a publication/newsletter that provides ministry updates, helpful information, CHM member testimonials, communications regarding legislation and regulations that may impact my membership, the referral program, and other important program-related information.

As a member of this healthcare sharing ministry, I acknowledge that...

... members must be active participants in the Body of Christ according to Hebrews 10:25 and continuously meet the qualifications set forth in the CHM Guidelines, including agreement with the CHM Statement of Beliefs

... I have read and will continuously live according to the Statements of Beliefs or will otherwise be ineligible to participate

... participants desire to share the medical costs of others and have their own healthcare expenses shared in a manner based on Scripture, particularly:

- *"Bear one another's burdens, and so fulfill the law of Christ."* *[Galatians 6:2, ESV]*
- *"...let us do good to everyone, and especially to those who are of the household of faith."* *[Galatians 6:10b, ESV]*
- *"...it was distributed to anyone who had need."* *[Acts 4:35b, NIV]*

... my participation, and that of all CHM members, is voluntary

... if I am 65 or over, I must have both Medicare parts A and B to receive full sharing eligibility.

... all members are self-pay patients who retain full responsibility for their own healthcare costs and no guarantee is ever given to those who participate

... participants choose to meet each other's healthcare costs in accordance with the CHM Guidelines, though they are not bound by a contract to do so

... it's my responsibility to read the CHM Guidelines and regularly review updates to CHM's Guidelines

... part of monthly contributions (for non-Maryland members) goes toward a minimal administrative expense to operate CHM programs

... members send money to help one another out of a desire to share one another's burdens, and it would be an abuse of their trust and will render me ineligible for CHM membership if I use money I receive to share medical bills for any purpose other than payment of those bills

... I am the individual listed above, I am not completing this application on behalf of anyone besides me and my immediate family, and it is unlawful for an insurance agent or any other entity to "sell" CHM or bundle it with insurance products

☐ **I HAVE READ AND ACKNOWLEDGE THE ABOVE CRITERIA FOR MEMBERSHIP AND WOULD LIKE TO CONTINUE SUBMITTING MY MEMBER ENROLLMENT FORM.**

Signature

Date

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Legal notices

Christian Healthcare Ministries includes legal notices as a result of discussions with several state regulators and as a part of an effort to make sure that members understand that Christian Healthcare Ministries is not an insurance company and that it does not guarantee payment of medical costs. Our role is to enable Christians to help fellow Christians through voluntary financial contributions. Since 1981, CHM members have faithfully provided for one another in accordance with and as demonstrated in Scripture. Members have shared billions to meet each other's medical costs.

See further legal notices at ***CHMinistries.org/resources/legal-notices***.

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed nor regulated by your state's department of insurance and the program is not guaranteed under your state's Life and Health (or Disability) Insurance Guaranty Association or similar organization.

Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Oklahoma, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wisconsin, Wyoming: NOTICE: Under the laws of your state, Christian Healthcare Ministries, in facilitating the sharing of medical expenses, is not an insurance company and does not use insurance agents or pay commissions to insurance agents. Whether anyone chooses to assist you with your medical bills will be totally voluntary because neither this ministry nor any other participant may be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. The ministry's guidelines, plan of operation and other documents are not an insurance policy or a promise to pay for the financial or medical needs of a participant by the ministry. It is not offered through an insurance company, it is not subject to the regulatory requirements or consumer protections of your state's insurance laws, and if you join this ministry instead of purchasing health insurance you will be considered uninsured. This program is not guaranteed under your state's Life and Health (or Disability) Insurance Guaranty Association or similar organization. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to this ministry will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether Christian Healthcare Ministries terminates, withdraws from faith-based sharing of medical expenses, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in this ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage. You should review this ministry's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs. Complaints concerning Christian Healthcare Ministries may be reported to the offiffice of your state's attorney general.

Maryland: NOTICE: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bill.

Pennsylvania: NOTICE: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

☐ **I HAVE READ AND ACKNOWLEDGE THE ABOVE LEGAL NOTICES AND WOULD LIKE TO CONTINUE SUBMITTING MY MEMBER ENROLLMENT FORM.**

Signature

Date

Thank you for completing the Member Application Form! You can submit your completed application by mailing it to the CHM office:

Christian Healthcare Ministries
127 Hazelwood Ave.
Barberton, OH 44203

To make a payment, include a check with this application, call us at 1-833-564-6246, or we will send you a bill.

Once your application is processed, we will send you a Welcome Packet with additional membership information.

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