



P.O. Box 120099, West Melbourne, FL 32912-0099
(800) 264-2562 | Fax (321) 722-5134

APPLICATION to Add-on Family Members

Once this form is submitted and processed, there are additional steps needed for your family member to be added onto your membership. An email will be sent with a link to complete additional on-line forms.

Before You Begin

- Please review the Medi-Share Guidelines for information on adding on family members and newborns.
- Please complete each section using black ink.
- Note: Membership starts on the first of the month following approval. A newborn can be a member from date of birth, provided the application is submitted within 30 days of birth date.
- Please note that adding a family member may affect your share amount. Visit the Share Calculator at MyChristianCare.org/prices.

Add family member(s):

I would like to add family member(s) to the Medi-Share Household:

Spouse Child(ren) Newborn **Number applying:** Adults: ____ Children: ____

**Maternity will only be eligible for sharing if you are married, whether joining together or as an individual.*

Current Member Information (please print)

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE (a cell phone # enables us to provide you with text notifications including password resets)		
MEMBER'S EMAIL	ADULT EMAIL IS REQUIRED*	
CCM ID# OR HH ID#		

**All adults 18+ within the household.*

Vital Statistics of Applicant Information

Newborn Note: To add a newborn from birth, use the baby's birthdate in "Desired Start Date" column. Review the Medi-Share Guidelines Section VII. D. for more information about adding newborns.

LEGAL NAME	DESIRED START DATE (mm/dd/yy)	SOCIAL SECURITY NUMBER (not required for minors)	BIRTHDAY (mm/dd/yy)	AGE	SEX M / F	ADULT EMAIL	ADOPTED WITHIN 3 YEARS Y / N
<input type="checkbox"/> Additional children listed on separate sheet.							

Attention: Medi-Share is not insurance or an insurance policy nor is it offered through an insurance company. Neither is Medi-Share a discount health care or discount health card program. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other participant will be compelled by law to contribute toward your medical bills. As such, Medi-Share should never be considered to be insurance. Whether you receive any amounts for medical expenses and whether or not Medi-Share continues to operate, you are always personally responsible for the payment of your own medical bills. Medi-Share is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

HEAD OF HOUSEHOLD/ MEMBER SIGNATURE	PRINT NAME	DATE SIGNED
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Please send all documents and results directly to:

Christian Care Ministry, P.O. Box 120099, West Melbourne, FL 32912-0099 | Fax (321) 722-5134 | applications@mychristiancare.org