



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. See exceptions in the next section first.

Before You Begin

- Please review the Medi-Share Guidelines for information on adding on family members and newborns.
- 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 and the Head of Household or Spouse must be an active member.
- Please note that adding a family member may affect your share amount.
- Adopted newborns/children can be added as of date of placement if the application is received within 30 days of placement.

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		
CCM ID# OR HH ID#		

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: _____
*All adults 18+ within the household.

*Children must be unmarried and under 23 years old.

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)	BIRTHDAY (mm/dd/yy)	AGE	SEX M / F	UNIQUE ADULT EMAIL*	ADOPTED WITHIN 3 YEARS Y / N

☐ Additional children listed on separate sheet.

*Emails cannot be the same as any other family member.

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