



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

APPLICATION for Leaving Family for Individual Program

Failure to fill out all information on this form will result in a delay in processing your application. Once this form is received, and processed, an email will be sent with a link to complete additional forms on-line and to pay the first month share.

Programs *Please print legibly and use black ink.*

Pick your portion*:

\$3,000 \$6,000 \$9,000 \$12,000 \$12,000 with DPC**

I have read the Medi-Share Guidelines.

Yes (If you have not read the Guidelines you must read them online at MyChristianCare.org or call (800) 264-2562 to receive a copy by mail.)

I understand that Medi-Share is not insurance.

Yes

If you haven't already done so, visit MediShare.com/pricing where you will be asked to enter your birthday to see the monthly share amount for each Annual Household Portion.

Parent/Guardian Information

LAST NAME

FIRST NAME

11 DIGIT HOUSEHOLD NUMBER

Applicant Information

LAST NAME

FIRST NAME

MIDDLE INITIAL

ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

EMAIL

MARITAL STATUS*: SINGLE MARRIED DATE OF MARRIAGE:

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

Vital Statistics of Applicant

NAME	SOCIAL SECURITY NUMBER	BIRTHDAY (mm/dd/yy)	AGE	HEIGHT	WEIGHT	SEX M / F

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.

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@medishare.com

**Members on the \$12,000 AHP who use a Direct Primary Care provider can submit their DPC fees, up to \$1,800, for sharing. If their AHP has not been met, the DPC fees will be applied to their AHP.