



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. You can submit your completed form by mailing it to the CHM office.



1. Acknowledgements

Please read and check each of the following:

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 share medical expenses found to be eligible under the CHM Guidelines
- to receive medical bills and prepare them for consideration for sharing through the audited Member Sharing Account (member-to-member for Maryland members)
- 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...

- my participation is voluntary, as it is for all CHM members
- 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
- 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
- it's my responsibility to read the CHM Guidelines and regularly review updates to CHM's Guidelines
- I have read and will continuously live according to the Statements of Beliefs or will otherwise be ineligible to participate
- part of monthly contributions (for non-Maryland members) goes toward a minimal administrative expense to operate CHM programs
- participants desire to share the medical costs of others and have their own healthcare expenses shared in a manner based on Scripture, particularly:
 - "Carry each other's burdens, and in this way you will fulfill the law of Christ." [Galatians 6:2, NIV]
 - "Let us do good unto those who are of the household of faith." [Galatians 6:10b, KJV]
 - "and distribution was made unto every man according to his need." [Acts 4:35b, KJV]
- 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
- 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
- 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

Member name: _____ Member #: _____

Signature: _____ Date: ____ / ____ / ____