

SECTION A

Membership Information

PRIMARY CONTACT

FIRST NAME

LAST NAME

MEMBER ID#

DATE OF BIRTH

The Primary Contact (must be the legal guardian of dependents under age 18) and all members of the household age 18 and older must submit this form upon enrollment in the membership and again within 30 days of the start of each new year or eligible needs and medical claims will be placed on hold..

SECTION B

Commitment

I, as the: **PRIMARY CONTACT** approve this commitment of membership for myself and any dependents under the age of 18 on this membership.

I understand the Acknowledgements.

I understand that the membership is not insurance but is a voluntary medical needs sharing program, and that there are no representations, promises, or guarantees that my eligible medical expenses will be shared. I also understand that sharing for medical needs does not come from an insurance company, but from the membership according to the Membership Guidelines and Escrow Instructions. To review the 2021 Membership Guidelines, visit: www.altruahealthshare.org/resources/guidelines.

I understand that acceptance into the membership is not an entitlement, but a privilege, based in part on the medical history information I provided on the application. I also understand that any medical condition that is inquired about but not disclosed on the application—whether meeting the definition of a pre-existing condition or not, and discovered after my membership became effective—will be treated as if it had been disclosed at the time of my enrollment date. I understand that any undisclosed medical conditions will be processed retroactively back to the effective date of my membership.

I understand that failure to uphold the Commitments and to abide by the Statement of Standards may result in medical needs becoming ineligible for sharing and this membership becoming inactive.

I understand that the Membership Guidelines in effect on the date of service supersede any spoken or verbal communication and all previous versions of the Membership Guidelines. I understand that I have access to the most current version of the Membership Guidelines at: www.altruahealthshare.org/resources/guidelines. I also understand that with notice to the general membership, the Membership Guidelines may change at any time based on the preferences of the membership and decisions, recommendations, and approval of the Board of Directors.

I understand that the Membership Guidelines are not a contract and do not constitute a promise or obligation to share, but instead are for reference of Altrua HealthShare in following the Membership Escrow Instructions. I also understand that the Membership Guidelines are part of and incorporated into the Altrua HealthShare application as if appended to it.

I understand that each child must be a dependent to participate in their parent's membership. I also understand that eligibility for the membership for anyone, a dependent or otherwise, is based on the Membership Guidelines and that continued payment of monthly contributions does not extend an ineligible participant's membership.

I understand that monthly contribution amounts are based on, but not limited to, operating costs, which are inclusive of network fees*, negotiations, medical needs, and the total number of members. I understand that monthly contribution amounts are calculated on a periodic basis as needed and are subject to change at any time. I also understand that my monthly contributions are voluntary and that I am not obligated in any way to contribute to the membership.

This household lives according to each item in the Statement of Standards.

I/we agree to live a clean and healthy lifestyle and share the following ethical and religious beliefs:

- › I believe in caring for one another.
- › I believe in keeping my body clean and healthy with proper nutrition.
- › I believe the use of tobacco, illicit drugs and excessive alcohol consumption is harmful to the body and soul.
- › I believe sexual relations outside the bond of marriage is contrary to the teachings of the Bible and that marriage should be held in honor.
- › I believe abortion is wrong, except in a life-threatening situation to the mother.
- › I believe I am obligated to care for my family and physical, mental or emotional abuse of any kind to a family member or anyone else is morally wrong.

*Network fees are inclusive of, but not limited to Telemedicine, LifeWorks, Careington Discount Programs, Zelis and Magellan RX.

I/we abide by the Commitments.

I have read and understand the Membership Guidelines and accept them as the governing document for determining eligibility of my, or anyone else's medical needs submitted to Altrua HealthShare.

I further agree to hold Altrua HealthShare and its directors, officers, employees, representatives and service providers harmless, and to limit any dispute I may have over the eligibility of my, or anyone else's medical needs to the appeal procedure described in the Membership Guidelines.

So as not to take advantage of fellow members, I have answered all questions on the Membership Enrollment Application in good faith, truthfully, completely and accurately.

In recognition of the voluntary nature of the membership, I hereby promise that in the event of a disagreement over the payment of my or anyone else's medical needs, my dependents and I will bring no legal claim, demand or suit of any kind for unpaid medical needs, but will follow the appeal procedure described in the Membership Guidelines.

I authorize use of my billing account.

I confirm that the billing account information on my application, or that if the credit card on file is in my name, that I or a representative submitted to Altrua HealthShare, is correct and I have signed or I have authorized my representative to sign the application on my behalf for Altrua HealthShare to initiate debit entries from the account provided.

I understand that Altrua HealthShare is not insurance.

I understand that Altrua Ministries (dba Altrua HealthShare) is NOT an insurance company nor is the membership offered through an insurance company, and

the organization is not subject to the regulatory requirements or consumer protections of any State Insurance Code.

I issue the following Escrow Instructions to Altrua HealthShare:

The membership directs Altrua HealthShare, as an escrow agent, to hold the member-to-member sharing contributions received by Altrua HealthShare, in an escrow account at an accredited financial institution. Those monthly contributions are then distributed for the purpose of medical needs sharing on behalf of the members pursuant to the following Escrow Instructions and in the following order;

- 1 To pay the expenses of operating the membership, including all of the needs necessary for Altrua HealthShare to provide for the continued viability of the membership;
- 2 To share eligible needs pursuant to the Membership Guidelines as modified from time to time by Altrua HealthShare, and as interpreted and applied by Altrua HealthShare;
- 3 In the event the membership is to be withdrawn, and after Altrua HealthShare determines that the funds held in escrow are sufficient to pay for the items listed above, any remaining funds shall be disbursed to qualified charities, as determined by Altrua HealthShare.

Altrua HealthShare may deposit or otherwise hold the escrowed contributions in one or more common bank accounts with escrowed contributions from other membership participants, until they are distributed pursuant to these instructions. Altrua HealthShare shall not be obligated to invest the escrowed monthly contributions, provided; however, that if the escrowed monthly contributions are invested, Altrua HealthShare shall not be liable for substandard returns or for losses. Also, as a condition of receiving and distributing the monthly contributions, Altrua HealthShare provides a monthly statement to all participants. That monthly statement is available to be viewed through the member portal.

2021 Membership Guidelines
altruahealthshare.org/resources/guidelines

I verify the above authorizations and acknowledgements and agree to comply to all items in **SECTIONS A and B** on behalf of myself and all members of the household under the age of 18 on the membership. My signature below represents agreement with the 2021 Membership Guidelines and all previous years Membership Guidelines that apply. I further understand that medical needs are processed by the date services were rendered and according to the Membership Guidelines in place at that time.



Please submit this form by email, fax or mail.

Please Sign

PRIMARY CONTACT SIGNATURE

PRIMARY CONTACT NAME

DATE

ALABAMA CODE TITLE 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ALASKA STATUTE 21.03.021(K)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will 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. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ARIZONA STATUTE 20-122

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

ARKANSAS CODE 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not 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. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

FLORIDA STATUTE 624.1265

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

GEORGIA STATUTE 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

IDAHO STATUTE 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

ILLINOIS: STATUTE 215-5/4-CLASS 1-B

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

INDIANA CODE 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and

whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

KENTUCKY REVISED STATUTE 304.1-120 (7)

NOTICE: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization or any participant shall be compelled by law to contribute toward your medical bills whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

LOUISIANA REVISED STATUTE TITLE 22-318.319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

MAINE REVISED STATUTE TITLE 24-A, §704, SUB-§3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will 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. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MARYLAND ARTICLE 48, SECTION 1-202(4)

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 bills.

MICHIGAN SECTION 550.1867

Notice: Altra HealthShare that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

MISSISSIPPI TITLE 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

MISSOURI SECTION 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

NEBRASKA REVISED STATUTE CHAPTER 44-311

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

NEW HAMPSHIRE: SECTION 126-V:1

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this

organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

NORTH CAROLINA STATUTE 58-49-12

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

OKLAHOMA

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Guaranty Association.

PENNSYLVANIA 40 PENN. STATUTE SECTION 23(B)

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.

SOUTH DAKOTA STATUTE TITLE 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

TEXAS CODE TITLE 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

UTAH

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Utah Department of Insurance and the program is not guaranteed under the Utah Life and Health Guaranty Association.

VIRGINIA: CODE 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

WASHINGTON

This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Washington Department of Insurance and the program is not guaranteed under the Washington Life and Health Guaranty Association.

WISCONSIN STATUTE 600.01 (1) (B) (9)

ATTENTION: This publication is not issued by 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 is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

WYOMING 26.1104 (A)(V)(C)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.