



SECTION A

Membership Information

HOUSEHOLD MEMBER FULL NAME

MEMBERSHIP ID#

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.

Review the 2020 Membership Guidelines

VISIT

www.altruahealthshare.org/resources/guidelines

SECTION B

Commitment

I, as an: ADULT MEMBER OF THE ALTRUA HEALTHSHARE MEMBERSHIP, approve this commitment of 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.

I understand that acceptance into the membership is not an entitlement, but a privilege, based in part on the medical history information 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.

I live according to each item in the Statement of Standards

I 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 DIALCARE, LIFEWORKS, CAREINGTON DISCOUNT PROGRAMS, ZELIS AND MAGELLAN RX.

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I 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 and mandatory mediation procedure described in the Membership Guidelines. I and my dependents also accept and appoint Altrua HealthShare as the final authority on the interpretation of the Membership Guidelines and agree to indemnify and hold harmless Altrua HealthShare and its directors, officers, employees, representatives and service providers from any damages or expenses, including legal fees, arising from any breach of these promises, from any failure to follow the Membership Guidelines, or from any failure to provide accurate, complete and honest information to Altrua HealthShare.

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;

- 01** 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;
- 02** 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;
- 03** 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 will provide a monthly statement to all participants. That monthly statement is available to be viewed through the member portal.

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 verify the above authorizations and acknowledgements and agree to comply to all items in Sections A and B on behalf of myself. My signature below represents agreement with the 2020 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 Sign

HOUSEHOLD MEMBER NAME

SIGNATURE

DATE