



# Occupational Share Increase Form

## SECTION A Membership Information

Head of Household's Full Name

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Member ID#

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Submit this form to add a sharing amount for income producing or work related injuries up to a maximum of \$50,000\*.

- › An additional annual contribution of \$1,500.00 is required for the Occupational Share Increase.
- › This form and additional annual contribution must be submitted for each member needing the Occupational Share Increase.
- › You may submit the Occupational Share Increase Form at any time during the year, and the share increase will go into effect on the 1st of the following month for the member to whom it applies.
- › The Occupational Share increase will be in effect for 365 days and will not be renewed automatically.
- › The Occupational Share Increase has a \$3,500.00 MRA per 365 days.

Mail, fax, email or use your member portal to submit this completed Occupational Share Increase Form.

To avoid delays, please make sure you complete all required information. Please make sure you are completely aware of the following requirements:

All income-producing or work-related injuries require a drug and alcohol screening to be administered within 24 hours from the time of the occupational injury. An Occupational Needs Processing Form and test results must be received by Altrua HealthShare within seven (7) days. You must present this form to your provider at the time your test is administered. The drug and alcohol screening fees will apply towards your Occupational MRA unless the test results are rendered positive. If the test results received are positive, your occupational medical need will be ineligible for sharing and assessed according to the Membership Guidelines.

\*SEE THE MEMBERSHIP GUIDELINES FOR COMPLETE DETAILS AND LIMITATIONS.

## SECTION B Member Information

Please fill in the information of the eligible member in which the Occupational Share Increase will apply.

Full Name

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What income producing or work related jobs will the member be participating in?

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## SECTION C Additional Contribution

An additional annual contribution of \$1,500.00 is required to add the Occupational Share Increase\* and can be submitted using your existing account information or by using the paper check option.

PLEASE USE MY BANKING INFORMATION ON FILE TO DEBIT MY ACCOUNT FOR AN ANNUAL CONTRIBUTION OF \$1,500.00.

ENCLOSED IS A PAPER CHECK FOR \$1,500.00 ALONG WITH THIS COMPLETED FORM (MAIL SUBMISSIONS ONLY).

Please make checks payable to:

Altrua HealthShare  
P.O. Box 90849  
Austin, TX 78709-0849

NOTE: ALL FORMS RECEIVED WITHOUT A CHECK INCLUDED USING THE PAPER CHECK OPTION WILL NOT BE PROCESSED

I confirm that the following information in **SECTIONS A-C** is accurate and I agree to the transaction method selected in **SECTION C**. I have read and understand the information regarding the Occupational Share Increase as outlined in the Membership Guidelines.

Head of Household	#OC-AHS1000.01	Do not send unless you have <b>completed Sections A-C in full.</b>
Signature	Date / /	