



# Recreational Activities Share Increase Form

## SECTION A

### Membership Information

Head of Household's Full Name

Member ID#

Submit this form to add a sharing amount for recreational activities up to a maximum of \$25,000.\*

- › An additional annual contribution of \$500.00 is required for the Recreational Activities Share Increase.
- › This form and additional annual contribution must be submitted for each member needing the Recreational Activities Share Increase.
- › You may submit the Recreational Activities 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 in to whom it applies.
- › The Recreational Activities Share Increase will be in effect for 365 days and will not be renewed automatically.
- › The Recreational Activities Share Increase has a \$1,500.00 MRA per 365 days.

## SECTION B Member Information

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

Full Name

What interscholastic, intercollegiate, and community- or church-organized team sports or programs will the member listed above be participating in?

## SECTION C Additional Contribution

An additional annual contribution of \$500.00 is required to add the Recreational Activities 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 \$500.00.

ENCLOSED IS A PAPER CHECK FOR \$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

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

To avoid delays, please make sure you complete and attach all required information.

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

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 Recreational Activities Share Increase as outlined in the Membership Guidelines.

Head of Household

#RA-AHS1000.01

Signature

Date / /

Do not send unless you have completed Sections A-C in full.