

Checklist of Understanding

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 document 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 (chministries.org/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.

PLEASE READ AND INITIAL EACH OF THE FOLLOWING SECTIONS:

Name: _____ CHM #: _____



Christian Healthcare Ministries (CHM) is a healthcare sharing ministry. Therefore, I understand that CHM is:

- ... a ministry available to share (pay) members' healthcare costs while upholding Christian beliefs
- ... a federally certified exemption to the individual mandate under the U.S. Affordable Care Act. As such, CHM is an eligible option under the national healthcare law
- ... is not insurance and therefore 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.

INITIALS: _____



My monthly gift 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 receive medical bills and prepare them for consideration for sharing through the audited Member Sharing Account
- ... to share medical expenses found to be eligible under the CHM Guidelines
- ... to send me CHM's monthly *Heartfelt* Magazine each month (a publication that provides ministry updates, helpful information and CHM member testimonials)

INITIALS: _____



As a member of this healthcare sharing ministry, I acknowledge that:

- ... members must be active participants in the Body of Christ according to Hebrews 10:25 and meet the qualifications set forth in the CHM Guidelines
- ... participants desire to know the medical costs of others and have their own healthcare expenses shared in a manner based on Scripture, particularly:

<i>"Carry each other's burdens, and so fulfill the law of Christ" (Galatians 6:2)</i>	<i>"Let us do good unto those who are of the household of faith" (Galatians 6:10b)</i>	<i>"...and distribution was made unto every man according to his need" (Acts 4:35b)</i>
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- ... participation in CHM by me and other CHM members is voluntary
- ... members are self-pay patients who retain full responsibility for our healthcare costs and that guarantees are not given to those who participate
- ... 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
- ... part of my monthly financial gift goes toward a minimal administrative expense to operate CHM programs
- ... if my medical needs are submitted to CHM for sharing, they may be shared or rejected according to the Guidelines
- ... 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

INITIALS: _____

I attest that my initials represent that I understand the above statements. Membership by me and my adult family members reflects an effort to uphold biblical principles. I understand that CHM members involved in a sinful lifestyle are ineligible to participate. I understand that CHM upholds the biblical directive that Christians carry each other's burdens.

Please complete back side 

Your church information...

Information about your local church will enable CHM staff to communicate more effectively with members and will provide an important tool to help us grow. Christian Healthcare Ministries will not share, sell, or rent this information to third parties for their marketing purposes, nor will we contact your church without your permission.

Church name (please list entire name) _____

Church address: _____ City: _____ State: _____ Zip code: _____

Church phone: (_____) _____ - _____ Website (if applicable): _____

Church denomination/affiliation: _____ Avg. weekly attendance: _____

Pastor's name: _____

Are you a member of the church staff? Yes No If yes, what is your position? _____

Your employment information...

Occupation (Please print clearly) _____

Check any and all that apply: Ministry Self-employed Christian education

Your spouse's employment information...

Occupation (Please print clearly) _____

Check any and all that apply: Ministry Self-employed Christian education



Please check and make sure you have completely filled out both sides of this form. Thank you!
The information you have provided will help the CHM staff serve you more efficiently and effectively.

Name (print): _____ CHM # (if applicable): _____

Signature: _____ Date: _____