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| **Member Agreement** |

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| **Primary Member Information** | | | | | |
| **Address** | **Email** | **Date of Birth** | **Gender** | **SSN/ITIN** | **Ethnicity** |
| {{fullname}} | | | | | |
| {{address}}{{city}},{{state}} {{zipcode}} | {{email}} | {{dob}} | {{gender}} | {{ssn}} | {{ethnicity}} |

{{#IF\_additionalMembers}}

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| **Member Information** | | | | | | |
| **Address** | **Email** | **Date of Birth** | **Gender** | **SSN/ITIN** | **Relationship** | **Ethnicity** |
| {{#member\_info}}{{^IF\_isPrimary}}{{fullname}} | | | | | | |
| {{address}}{{city}},{{state}} {{zipcode}} | {{email}} | {{dob}} | {{gender}} | {{ssn}} | {{relationship}} | {{ethnicity}}  {{/IF\_isPrimary}}{{/member\_info}} |

{{/IF\_additionalMembers}}

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| **HIPAA Authorization** | | | | |
| **Address** | **Email** | **Date of Birth** | **Gender** | **Relationship** |
| {{#hipaa}}{{#IF\_isHipaaAuthorized}}{{fullname}} | | | | |
| {{address}} {{city}}, {{state}} {{zipcode}} | {{email}} | {{dob}} | {{gender}} | {{relationship}}  {{/IF\_isHipaaAuthorized}}  {{/hipaa}} |

{{#IF\_agentHipaa}}

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| **HIPAA Authorization - Producer** | |
| **Name** | **Email** |
| {{agent\_fullname}} | {{agent\_email}} |

{{/IF\_agentHipaa}}

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| **HIPAA Authorization - Details** |
| **I allow the mentioned to receive information related to:** |
| {{#IF\_HIPAAFull}} Disclose my complete health record (including but not limited to diagnoses, lab tests, treatment, and billing for all conditions) {{/IF\_HIPAAFull}} {{^IF\_HIPAAFull}} Disclose and/or allow changes to only the following portions of my health records:  {{hipaaauthorization\_subtype}}  {{/IF\_HIPAAFull}} |
| **This authorization shall be effective until:** |
| {{#IF\_HIPAAAllTime}}  All time  {{/IF\_HIPAAAllTime}}  {{^IF\_HIPAAAllTime}} {{#IF\_HIPAADate}}  {{hipaaauthorization\_effectivedate}}  {{/IF\_HIPAADate}}  {{^IF\_HIPAADate}}  {{hipaaauthorization\_effectiveevent}} {{/IF\_HIPAADate}}  {{/IF\_HIPAAAllTime}} |

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| **Medical Conditions** |
| Have your or any member of your family had any of the following conditions in the past 24 months?   |  |  |  | | --- | --- | --- | | **Medical Conditions** | | | | Diabetes I | Diabetes II | Kidney Disease/Failure | | Heart Disease | Heart Bypass Surgery | Congestive Heart Failure | | Hypertension/High Blood Pressure | Behavioral/Mental Health | Herniated Disc | | Crohn’s Disease | HIV/AIDS | Asthma | | Eating Disorders | COPD | Hyperlipidemia |   {{medcon\_answer}}  {{#IF\_medcon}}   |  |  | | --- | --- | | **Member** | **Medical Conditions** | | {{#med\_table}}{{fullname}} | {{conditions}}{{/med\_table}} |   {{/IF\_medcon}} |
| Have you or any member of family received medical service, treatment or advice for a condition different than the ones listed above in the past 24 months?  {{treatment\_answer}}  {{#IF\_treatment}}   |  |  |  |  | | --- | --- | --- | --- | | **Member** | **Incident Date** | **Provider’s Name** | **Diagnosis** | | {{#treatment\_table}}{{fullname}} | {{t\_date}} | {{t\_provider}} | {{t\_diagnosis}}{{/treatment\_table}} |   {{/IF\_treatment}} |
| Have you or any member of your family been hospitalized in the past 6 months?  {{hospital\_answer}}  {{#IF\_hospital}}   |  |  |  |  | | --- | --- | --- | --- | | **Member** | **Admission Date** | **Provider’s Name** | **Diagnosis** | | {{#hosp\_table}}{{fullname}} | {{h\_date}} | {{h\_provider}} | {{h\_diagnosis}}{{/hosp\_table}} |   {{/IF\_hospital}} |
| Do you or any of member of your family have or have ever had Cancer and if so, how long ago?  {{cancer\_answer}}  {{#IF\_cancer}}   |  |  |  | | --- | --- | --- | | **Member** | **Duration** | **Cancer Type** | | {{#cancer\_table}}{{fullname}} | {{c\_length}} | {{c\_type}}{{/cancer\_table}} |   {{/IF\_cancer}} |
| Are you or any members of your family currently taking, or have you or any member of your family taken in the last 6 months, any prescription medications? Please provide details for each member below.  {{rx\_answer}}  {{#IF\_rx}}   |  |  | | --- | --- | | **Member** | **Medications** | | {{#rx\_table}}{{fullname}} | {{rx\_medication}}{{/rx\_table}} |   {{/IF\_rx}} |
| Are you or any of the members of your family pregnant or could be pregnant?  {{pregnant\_answer}}  {{#IF\_pregnant}}   |  |  | | --- | --- | | **Member** | **Future/Current Pregnancy** | | {{#p\_table}}{{fullname}} | {{pregnant}}{{/p\_table}} |   {{/IF\_pregnant}} |
| Do you or any of your family play any extreme and/or professional sports?  {{sports\_answer}}  {{#IF\_sports}}   |  |  | | --- | --- | | **Member** | **Sport(s)** | | {{#sports\_table}}{{fullname}} | {{sport}}{{/sports\_table}} |   {{/IF\_sports}} |
| Do you or any of your family consume alcohol?  {{alcohol\_answer}}  {{#IF\_alcohol}}   |  |  | | --- | --- | | **Member** | **Alcohol** | | {{#alcohol\_table}}{{fullname}} | {{alcohol\_amount}}{{/alcohol\_table}} |   {{/IF\_alcohol}} |
| Do you or any of your family member use tobacco/vape?  {{tobacco\_answer}}  {{#IF\_tobacco}}   |  |  | | --- | --- | | **Member** | **Tobacco/Vape** | | {{#tobacco\_table}}{{fullname}} | {{tobacco\_amount}}{{/tobacco\_table}} |   {{/IF\_tobacco}} |

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| **Contribution Summary** | |
| **Requested Effective Date:** {{requested\_effective\_date}} | |
| **First Contribution** | |
| **Description** | **Amount** |
| {{selectedProgramReview}}  {{#IF\_otaf}}One Time Application Fee{{/IF\_otaf}}  {{#IF\_sixmem}}Additional fee for more than 6 family members{{/IF\_sixmem}}  Monthly Administration Fee | {{program\_price}}  {{#IF\_otaf}}{{otaf\_amount}}{{/IF\_otaf}}  {{#IF\_sixmem}} {{6mem\_amount}} {{/IF\_sixmem}}  {{monthly\_amount}} |
| **Total** | {{total\_amount}} |
|  |  |
| **Recurring Contributions** | |
| **Description** | **Amount** |
| {{selectedProgramReview}}  {{#IF\_sixmem}}Additional fee for more than 6 family members{{/IF\_sixmem}}  Monthly Administration Fee | {{program\_price}}  {{#IF\_sixmem}} {{6mem\_amount}} {{/IF\_sixmem}}  {{monthly\_amount}} |
| **Total** | {{recurring\_amount}} |

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| **Disclaimers** |
| {{selectedProgramReview}} |

**Health Care Sharing Disclosures**

You are enrolling in a Health Care Sharing Ministry administered by OneShare Health, LLC (OneShare). A Health Care Sharing Ministry is not health insurance, and it does not guarantee or promise that your medical bills will be paid. A Health Care Sharing Ministry is a group of individuals who share a common set of ethical or religious beliefs and share medical expenses in accordance with those beliefs.

The members of this Health Care Sharing Ministry voluntarily share medical expenses with one another, and OneShare coordinates this medical sharing. OneShare programs should not be considered as a substitute for an insurance policy. You are always liable for your own unpaid medical bills.

**OneShare Health Disclaimer**

ONESHARE HEALTH, LLC (ONESHARE) IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL EXPENSES AMONG MEMBERS. As with all HCSMs under 26 USC § 5000A(d)(2)(B)(ii), OneShare’s members are exempt from the ACA individual mandate. OneShare does not assume any legal risk or obligation for payment of member medical expenses. Neither OneShare nor its members guarantee or promise that medical bills will be paid or shared by the membership. Available nationwide, but please check [www.onesharehealth.com/legal-notices](http://www.onesharehealth.com/legal-notices) for the most up to date state availability listing.

**No Promise to Pay**

Neither OneShare nor its members promise or guarantee payment or sharing of your medical expenses, or assume any risk therefore. You remain responsible for your unpaid medical bills.

**Voluntary Participation**

Enrollment in OneShare is not a contract for insurance. Participation in OneShare is voluntary. Enrollment as a OneShare member is voluntary, and the sharing of monetary contributions is voluntary. You are free to cancel your membership at any time. OneShare requests that a voluntary sharing contribution be made for each month you are enrolled, to facilitate the sharing of requests published on behalf of other members.

**Canceling Membership**

If you wish to cancel your membership in the OneShare Health programs, you are required to submit notice to OneShare Health in writing 15 days prior to the end of your current month. Your sharing opportunity will end the last day of your current month. Canceling your OneShare Health membership does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

**Guidelines**

OneShare manages member sharing contributions by establishing guidelines that define which medical bills are eligible for sharing (“Guidelines”). Neither the Guidelines, nor anything else presented by OneShare, constitutes a contract for insurance. The Guidelines do not constitute a legally binding agreement, a promise to pay, or an obligation to share. The Guidelines specify what type of expenses are eligible for sharing requests. OneShare reserves the right to exclude sharing eligibility for any pre-existing conditions, whether disclosed at the time of your enrollment or discovered after the effective date of the membership. OneShare reserves the right to update and change its Guidelines at any time, and will provide notice of any material update/changes. It is the Member’s responsibility to review the current guidelines in their Member Portal.

**Administration**

Upon receiving an eligible medical need from a Member or Provider, OneShare Health will assign the medical need for sharing in accordance with the Guidelines, less the amount required to be pre-shared (Individual Sharing Amount). Voluntary membership contributions are received from each member monthly. Up to 40% of membership contributions may be applied towards administration of the Health Care Sharing Ministry, charitable causes, and general overhead costs. This does not include third party contracts and distribution compensation. Administrative costs are subject to change by OneShare Health. In any given month, the available sharing funds may or may not equal the amount of eligible expenses submitted for sharing. If eligible expenses exceed the available sharing funds to meet those needs, any of the following actions may be taken:

1. A pro-rata sharing of eligible expenses may be initiated, whereby the Members share a percentage of eligible medical expenses within that month and hold back the balance of those expenses to be shared the following month, or
2. The monthly member contribution may be increased in sufficient proportion to satisfy the eligible expenses. This action may be undertaken temporarily or on an ongoing basis Administrative costs are subject to change by OneShare Health.

An annual administration fee of $45.00 is due from each primary member upon their program anniversary.

**Membership Guidelines**

Each Member is responsible for reviewing the Guidelines provided at the time of enrollment, and updates when notified and to abide by the terms of the Guidelines. It is your responsibility to understand which of your Medical Expenses are eligible for cost sharing, and which Medical Expenses are not eligible for cost sharing. Members are also provided with a toll-free number to contact Member Services with any questions they may have. Pre-certification from OneShare Health is required for certain Medical Expenses to be Eligible for Sharing.

**Payment Authorization**

I authorize OneShare Health, LLC to draft my checking account or debit my credit card for this initial transaction, which includes my first monthly contribution and a one-time application fee. I also give authorization to automatically draft my checking account or charge my card each month for all subsequent monthly contributions and the $45 annual administration fee due on my program year anniversary date. I also confirm that I am an authorized signer on the account I provided in my application for enrollment.

**Refunds**

Within the first 10 days of a new Member’s Effective Date, the Member is entitled to a full refund, excluding the one-time application fee. However, if services have been utilized refunds will not be issued. After the first 30 days, a refund for the most recently paid period may be processed if the request is submitted within 10 days of their scheduled billing date. However, if services have been utilized refunds will not be issued. Refunds will be processed as a credit to the same card or account provided for billing.

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| **Statement of Beliefs** |

**With our origins in the Anabaptist faith:**

**We Believe** in the authority of Scripture and the sanctity and dignity of every human life created by God with special meaning and purpose. II Timothy 3:16; Psalm 139:13-14

**We Believe** that every individual has the constitutional and religious right and duty to worship God in freedom. II Corinthians 3:17; U.S. Const. amend. I

**We Believe** and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs. Galatians 6:2

**We Believe** and agree that it is our responsibility to God and our fellow members to engage in accountable, healthy living, and to avoid habits and behaviors which are harmful to the body. II Corinthians 6:19-20

**We Believe** in the power of prayer to save lives, to heal lives, and to unite our members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life. I John 5:14; Philippians 4:6-7

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| **Dispute Resolution** |

OneShare Health, LLC is a voluntary cost sharing ministry, religious and charitable association of like-minded people who come together to assist each other by sharing medical expenses. As a health care sharing ministry, OneShare Health does not contract with Members to provide medical care, it does not offer insurance, it makes no assumptions of legal risk, and it does not promise or guarantee that medical expenses will be paid or shared by the Membership. Unpaid medical bills are always your responsibility. However, for those unique situations where Members are concerned or dissatisfied with their Membership experience, OneShare Health has created a dispute resolution process that is consistent with our shared biblical beliefs about resolution within our community rather than by civil courts (I Cor. 6:1-8).

By becoming a Member of OneShare Health, each Member agrees to use the following Dispute Resolution and Appeal process as the exclusive means for resolving legal disputes and to not file a lawsuit. The Member agrees not to engage in litigation against OneShare Health, its affiliates, nor its staff or directors for any reason related to health care or Membership.

**Level 1**

Member Services Appeal: Many concerns can be resolved by calling Member services. If you are unsatisfied with your experience, please call back and ask to speak with a manager regarding your situation. OneShare Health strives to maintain a sterling reputation for first class Member service, and we want to know if you are not completely satisfied.

**Level 2**

Level Two – OneShare Health Committee 30-day Review: if Member services management is unable to resolve your concern, you may send a written request, within 60 days of the determination, for a 30-day review by a OneShare Health Committee. In order to ensure that they are working with complete information, please include a written summary of your case, actions you have taken to resolve the matter, and any relevant sections of the OneShare Health sharing guidelines which may be applicable to your case. A panel of OneShare Health executives will review your case and respond in a timely manner. All Level Two appeals must be submitted within 60 days of the determination date:

Mailing Address: OneShare Health

Attention: Dispute Committee

PO BOX 1837

Grapevine, TX 76099

By Email: Dispute@OneShareHealth.com

By Fax: (682) 651-7397

Attn: Dispute Department

**Level 3**

Arbitration: If you are unsatisfied with the decision of the OneShare Health Committee, the final legal option is to submit the case to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration with the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The Member will be responsible to bear one-half of the fees of the Member’s selected arbitration program (ICC or AAA), and all of the Member’s own incidental or legal costs. The arbitration shall be held in Dallas, Texas unless the parties otherwise agree. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the parties. If the parties cannot agree on an arbitrator, the selected arbitration program (ICC or AAA) will appoint the arbitrator. If you wish to invoke this provision, please send a written request to Member services. All Level Three appeals must be submitted online at:

<https://www.instituteforchristianconciliation.com> or <https://www.adr.org>

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| **{{selectedProgramReview}} Program Disclosures** |

{{#IF\_classic}}

You are enrolling with the OneShare Classic program that provides sharing for the following: Primary Care, Urgent Care, Preventive Services & Hospitalization

You Understand that:

1. There is a 24-month pre-existing condition waiting period for shared services. This means any expenses incurred will not be eligible for sharing for any condition(s), for which a member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member’s effective date of their program.
2. For non-preexisting conditions that are eligible for sharing, this membership shares expenses incurred by you and eligible members when you have an emergency room visit, hospitalization or in/outpatient surgery after you have met the applicable visit fee or ISA. Members may be responsible for additional expenses when utilizing a non-PPO provider. Waiting periods may apply.
3. There is a surgery waiting period. This means that the membership will not share in expenses related to any surgery during the waiting period other than emergency or life-threatening cases. The surgery sharing waiting period for the Basic/Enhanced membership is 180 days, and the wait on surgery for the Crown membership is 90 days.
4. For Members who have never been diagnosed or received treatment for any type of Cancer, sharing is eligible after a 90-day waiting period from the member’s effective date. If a member is diagnosed with cancer within the 90-day waiting period, the diagnosis and treatment expenses related to that specific Cancer, recurrence or metastasis of that Cancer are not eligible for sharing. After the 90-day waiting period any newly diagnosed cancers are eligible for sharing.
   1. Pre-existing or recurring cancer is Not Eligible for Sharing.
   2. If the Member has been diagnosed or received treatment for Cancer within 5 years of Member effective date, cancer is Not Eligible for Sharing. After the 5-year period has expired, a member may request cancer sharing, to be considered, you must provide Medical reports for review and determination will be made by OneShare
   3. The Lifetime Limit for all Cancer is $500,000; each Incident cannot exceed the Maximum Limit Per Incident.
5. If you use or have used tobacco or vape products, any health-related issues will not be eligible for sharing.
6. Maternity is not eligible for sharing on the Basic or Enhanced Memberships. For the Crown membership Maternity Sharing is eligible for members’ who conceive after the effective date of the membership and is subject to the maternity sharing limits.
7. In addition to all other limitations and restrictions in our Guidelines, the following are not eligible for sharing: Substance Abuse treatment, abortion, durable medical equipment, dental, vision, hearing, and behavior / mental disorders.

{{/IF\_classic}}

{{#IF\_complete}}

You are enrolling with the OneShare Health Complete program that provides sharing for the following: Primary, Urgent Care, Preventive Services & Hospitalization

You Understand that:

1. There is a 24-month pre-existing condition waiting period for shared services. This means any expenses incurred will not be eligible for sharing for any condition(s), for which a member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member’s effective date of their program.
2. For non-preexisting conditions that are eligible for sharing, this membership shares expenses incurred by you and eligible members when you have an emergency room visit, hospitalization or in/outpatient surgery after you have met the applicable visit fee or ISA. Members may be responsible for additional expenses when utilizing a non-PPO provider. Waiting periods may apply.
3. There is a surgery waiting period. This means that the membership will not share in expenses related to any surgery during the waiting period other than emergency or life-threatening cases. The surgery sharing waiting period for Complete membership is 90 days.
4. For Members who have never been diagnosed or received treatment for any type of Cancer, sharing is eligible after a 90-day waiting period from the member’s effective date. If a member is diagnosed with cancer within the 90-day waiting period, the diagnosis and treatment expenses related to that specific Cancer, recurrence or metastasis of that Cancer are not eligible for sharing. After the 90-day waiting period any newly diagnosed cancers are eligible for sharing.
5. Pre-existing or recurring cancer is Not Eligible for Sharing.
6. If the Member has been diagnosed or received treatment for Cancer within 5 years of Member effective date, cancer is Not Eligible for Sharing. After the 5-year period has expired, a member may request cancer sharing, to be considered, you must provide Medical reports for review and determination will be made by OneShare.
7. The Lifetime Limit for all Cancer is $500,000.
8. If you use or have used tobacco or vape products, any health-related issues will not be eligible for sharing.
9. Maternity is eligible for sharing. For the Complete membership, Maternity Sharing is eligible for members’ who conceive after the effective date of the membership and is subject to the maternity sharing limits.
10. In addition to all other limitations and restrictions in our Guidelines, the following are not eligible for sharing: Substance Abuse treatment, abortion, durable medical equipment, dental/vision, hearing, and behavior / mental disorders.

{{/IF\_complete}}

{{#IF\_catastrophic}}

You are enrolling with the OneShare Catastrophic program that provides sharing for the following: Hospitalization and Emergency room services

You Understand that:

1. There is a 24-month pre-existing condition waiting period for shared services. This means any expenses incurred will not be eligible for sharing for any condition(s), for which a member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member’s effective date of their program.
2. For non-preexisting conditions that are eligible for sharing, this membership shares expenses incurred by you and eligible members when you have an emergency room visit, hospitalization or in/outpatient surgery after you have met the applicable visit fee or ISA. Members may be responsible for additional expenses when utilizing a non-PPO provider. Waiting periods may apply.
3. There is a surgery waiting period. This means that the membership will not share in expenses related to any surgery during the waiting period other than emergency or life-threatening cases. The surgery sharing waiting period for the Catastrophic membership is 90 days.
4. For Members who have never been diagnosed or received treatment for any type of Cancer, sharing is eligible after a 90-day waiting period from the member’s effective date. If a member is diagnosed with cancer within the 90-day waiting period, the diagnosis and treatment expenses related to that specific Cancer, recurrence or metastasis of that Cancer are not eligible for sharing. After the 90-day waiting period any newly diagnosed cancers are eligible for sharing.
   1. Pre-existing or recurring cancer is Not Eligible for Sharing.
   2. If the Member has been diagnosed or received treatment for Cancer within 5 years of Member effective date, cancer is Not Eligible for Sharing. After the 5-year period has expired, a member may request cancer sharing. To be considered, you must provide Medical reports for review and the determination will be made by OneShare.
   3. The Lifetime Limit for all Cancer is $500,000; each Incident cannot exceed the Maximum Limit Per Incident or the Lifetime Sharing Maximum.
5. If you use or have used tobacco or vape products, any health-related issues will not eligible for sharing.
6. Maternity is not eligible for sharing on the Catastrophic Memberships.

{{/IF\_catastrophic}}

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| **State Disclosures** |

{{#IF\_stateDisclaimer1}}

General Notice for the following states: Alabama Code Title 22-6A-2, Arizona Statute 20-122, Arkansas Code 23-60-104.2, Florida Statute 624.1265, Georgia Statute 33-1-20, Idaho Statute 41-121, Louisiana Revised Statute Title 22-318,319, Maine Revised Statute Title 24-A, §704, sub-§3, Michigan Legislature §550.1867, Mississippi Code Title 83-77-1, Nebraska Revised Statute Chapter 44-311, New Hampshire §126-V:1, North Carolina Statute 58-49-12, South Dakota Statute Title 58-1-3.3, Texas Code 8, K, 1681.001, Virginia Code 38.2-6300-6301, Washington Revised Code 48.43.009 and Wyoming Statutes Title 26.1.104 (a)(v)(C):

{{/IF\_stateDisclaimer1}}

{{#IF\_stateDisclaimer2}}

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and its product should never be considered insurance, and neither its guidelines nor plan of operation is an insurance policy. If you join this organization instead of purchasing health insurance, you will be considered uninsured. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant 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 This organization is not regulated by the State's Department of Insurance though complaints concerning this Health Care Sharing Ministry may be reported to the office of the State Attorney General. You should review this organization’s guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Specific Notice for the following States: Indiana Code 27-1-2.1, Illinois Statute 215-5/4-Class 1-b, Missouri Statute §376.1750 and Wisconsin Statute 600.01(1)(b)(9)):

{{/IF\_stateDisclaimer2}}

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines not its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization not any other 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.

{{#IF\_stateDisclaimer3}}

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 ORGANIZATIONS OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECIEVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR 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.

{{/IF\_stateDisclaimer3}}

{{#IF\_stateDisclaimer4}}

Pennsylvania 40 Penn. Statute §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.

{{/IF\_stateDisclaimer4}}

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| **Signature** | |
| By electronically signing this document, I acknowledge that I have read and agree to the terms and conditions set forth in this agreement. | |
| \s1\ | \d1\ |