

Program Change Request Form

Greetings in the name of our Lord.

Please be advised that a program changes must be requested in writing via email, fax or mail. Such request be made by the last day of the month in order for the change to be fully effective by 1st day of the following month.

Please be also advised that an upgrade will take effect after a 90-day waiting period, whereas a downgrade will take effect on the 1st day of the desired month. (Incidents that occur before an upgrade are subject to the previous program's benefits even after the upgrade takes effect.)

Kindly submit the Program Change Request Form after reviewing the **CMM Program List** below.

* Program Change Request Form:			
1	I want to change my membership as	<input type="checkbox"/> Entire family <input type="checkbox"/> Part of the family:	
2	Member ID		Member's current program
3	Desired program		
4	Desired month:		
5	Reason for change		
6	Pending submitted needs:	Yes ()	No ()
7	Signature		Date

CMM Program List

Program	Term	Gifts	Personal Responsibility	Eligible Needs	Miscellaneous
Bronze		\$40 month/person	\$5,000 per incident	<ul style="list-style-type: none"> Limited to surgery and hospitalization Up to \$150,000/Illness 	
Silver		\$80 month/person	\$1,000 per incident	<ul style="list-style-type: none"> Limited to surgery and hospitalization Up to \$150,000/Illness 	
Gold		\$135 month/person	\$500 per incident	<ul style="list-style-type: none"> Doctor's office visit, tests, hospitalizations, surgeries Well-Being Care excluded Up to \$150,000/Illness 	Prescription for up to six (6) months
Gold Plus		\$175 month/person	\$500 calendar year	<ul style="list-style-type: none"> Doctor's office visit, tests, hospitalization, surgeries Well-Being Care up to \$500/year Up to \$150,000/Illness 	Prescription for up to six (6) months

Christian Mutual Med-Aid Member Service Department

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At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. The goal is equality (2 Corinthians 8:14)

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