

Cancellation Request Form

Greetings in the name of our Lord Jesus Christ!

We sincerely thank you for your time as a member in our Biblical health care sharing ministry.

Pursuant to your membership cancellation request, a completed Cancellation Request Form must be submitted. You may choose which month your cancellation will take effect. Otherwise, please be advised that membership cancellation becomes effective on the **1st day of the following month**.

Cancellation Request Form					
1	Requester:	<input type="checkbox"/> Entire Family	Name:		Name:
			Name:		Name:
			Name:		Name:
		<input type="checkbox"/> Individual	Name:		Name:
			Name:		Name:
2	Member ID			Current Program	B / S / G / GP
3	Address				
4	Reason for cancellation				
5	Effective Month				
6	Pending Submitted Needs	Yes ()		No ()	
7	KCJ Newspaper Subscription	Yes ()		No ()	
8	Signature			Date	

Please call us at 773-777-8889(Ext. 5003) in order to check whether you have any pending submitted medical bills. Any submitted needs will not be shared regardless of the date of the medical service if the membership is cancelled or terminated (with the exception of death). (CMM Guidelines, Section III, D.)

Sincerely,
Member Service Department



CHRISTIAN MUTUAL MED-AID
5235 N. Elston Ave.
Chicago, IL 60630
Phone: 773-777-8889
Fax: 773-777-0695
Email: msd@cmmlogos.org

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)

Christian Mutual Med-Aid (CMM) is a not-for-profit organization established in 1996 and federally recognized as a 501(c)(3). CMM is a Biblically-based health care sharing ministry through which Christians share God's blessings by sharing the cost of one another's qualifying medical expenses. As such, CMM is not an insurance company and should not be referred to or considered as a substitute for any other type of health or medical insurance.

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