

APPLICATION to Change Medi-Share® AHP

Before You Begin

- Please complete each section using black ink.
- Have your credit card or checkbook in hand for Section 3.

1 | Medi-Share Annual Household Portion Options

I would like to change my Medi-Share 2.0 Annual Household Portion.

**Please note that any change in the AHP causes the amount of eligible medical bills paid toward the AHP to RESET to \$0 as the effective date also resets. Bills will be processed according to the AHP level that was in effect the date the bills were incurred.*

Pick your portion*: \$500 (only available for ages 18-29 on the single program) \$1,250 \$2,500 \$3,750 \$5,000 \$7,500 \$10,000
AHP can only be decreased in increments of \$2,500 or less.

I have read the Medi-Share 2.0 Guidelines.

(If you have not read the Guidelines you must read them online at www.MyChristianCare.org or call (800) 264-2562 to receive a copy by mail.)

Is anyone in the household currently pregnant? YES NO You cannot switch programs if anyone in your household is currently pregnant.

Do you have any ongoing needs or anticipated medical needs, such as a planned surgery? YES NO

I'm also interested in Manna Christian Disability Sharing.

I understand that Medi-Share is not insurance.

* If you haven't already done so, visit www.MyChristianCare.org and go to the share amount calculator where you will be asked to enter how many people are in the household and the birthday of the oldest person in the household. Once you provide this information, you will see the monthly share amount for each Annual Household Portion.

2 | Member Information

NAME Last	First	Middle Initial	TITLE
HOUSEHOLD NUMBER			
CREDIT CARD BILLING ADDRESS			
CITY	STATE	ZIP+4	
HOME PHONE	WORK PHONE	CELL PHONE	Best time to contact
FAX	E-MAIL	MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	

3 | Payment

Enclosed is the \$75 fee for changing my AHP level.

Payment Method:

Check or Money Order made payable to Christian Care Ministry

Please charge my: Visa MasterCard Discover

Send your application today to:

Christian Care Ministry P.O. Box 120099
West Melbourne, FL 32912-0099

Card # - - -

Expiration Date / 3-digit security code on the back of your credit card

Signature _____

FOR OFFICE USE ONLY: DOCUMENT # _____

PAYMENT TYPE _____

AMOUNT _____

DATE RECEIVED _____

Signature _____ Date _____

In order for your AHP change to be effective with the following month's share notice, this form must be received by the 7th of the month. If the form is received after the 7th, the change will not be reflected on the notice for the next month, but for the month after.