ONESHARE HEALTH ENROLLMENT APPLICATION

SECTION 1. PRIMARY MEMBER INFORMATION

First Name	M.I.	Last Name	SSN	Date of Birth

Address City State Zip

Phone Number		Gender: Male Female
Email Address		
Requested Effective Date		

SECTION 2. ELECT SHARING MEMBERSHIP

Are you currently participating in a HealthShare Program? ☐YES ☐NO

☐ **CLASSIC PROGRAM:** ☐BASIC ☐ENHANCED ☐CROWN

ISA Amount: ☐$5,000 ☐$7,500 ☐$10,000

Optional $500,000 Maximum Per Incident, additional Monthly Contribution Amount applies.

Member, $130 month. Member + 1, $230 month. Family, $330 month. ☐YES ☐NO

☐ **COMPLETE PROGRAM:** ☐BASIC ☐ENHANCED ☐CROWN

ISA Amount. (Ind / Fam) ☐$1,000/$3,000 ☐$2,500/$7,500 ☐$5,000/$15,000 ☐$10,000/$30,000

☐ **CATASTROPHIC PROGRAM:**

ISA Amount: ☐$5,000 ☐$10,000

Maximum Limit Per Incident ☐$150,000 ☐$250,000 ☐$500,000

Total Monthly Contribution Amount _____ Member Only _____ Member + 1 _____ Family

Are you a tobacco or vape user? ☐ Yes ☐ No. Additional contribution amount of $60 per member applies.

Families of 6 or more, additional contribution amount of $45 per dependent applies.

One-time Application Fee. $125.00

SECTION 3. DEPENDENT INFORMATION

Dependent Name	Relationship	Gender	Date of Birth	Tobacco/Vape User
1		☐ M ☐ F		☐ Yes ☐ No
2		☐ M ☐ F		☐ Yes ☐ No
3		☐ M ☐ F		☐ Yes ☐ No
4		☐ M ☐ F		☐ Yes ☐ No
5		☐ M ☐ F		☐ Yes ☐ No
6		☐ M ☐ F		☐ Yes ☐ No

SECTION 4. STATEMENT OF BELIEFS

INITIAL BELOW TO ACKNOWLEDGE EACH STATEMENT:

_____I believe in the sanctity and dignity of every human life, and that every life has a special meaning and purpose.

_____I believe that every individual has the constitutional and religious right to worship God in freedom.

_____I believe and agree in the religious and ethical principle of sharing with those who are less fortunate and who experience medical needs.

_____I believe that every person has the fundamental right to make their own choices about healthcare.

_____I believe and agree that it is our responsibility to God and our fellow members to engage in healthy living, and to avoid habits and behaviors which are harmful to the body.

SECTION 5. MEDICAL QUESTIONS

Do you currently have or have had any of these conditions in the past 24 months? Check all those that apply.

☐Arthritis ☐Crohn's Disease ☐Eating Disorders ☐HIV/Aids ☐Lower Back Pain

☐Asthma ☐Depression ☐Heart By-Pass Surgery ☐Hyperlipidemia ☐None

☐Congestive Heart Failure ☐Diabetes I ☐Heart Disease ☐Hypertension/High Blood Pressure

☐COPD ☐Diabetes II ☐Herniated Disc ☐Kidney Disease/Failure

Are you or could you be pregnant? ☐Yes ☐ No

Do you or any of your dependents have or had cancer at any time? ☐ Yes ☐ No			
If yes, please indicate month and year.			
Do you play in any extreme or professional sports? ☐ Yes ☐ No			
If yes, please list sports in which you participate.			
Do you consume alcohol? ☐ Yes ☐ No			
If yes, what is your weekly intake?			
Has anyone been hospitalized in the past 6 months? ☐ Yes ☐ No			
In the past 24 months have you received medical service, treatment or advice? ☐ Yes ☐ No			
If yes, complete the following information.			
Physician Name	**Diagnosis**		**Date Diagnosed**

Does anyone in your family who is enrolling have any of the conditions in Section 5 or other conditions not listed? Please fill out any Dependent medical information.

SECTION 6. END OF LIFE SHARING *(CLASSIC & COMPLETE PROGRAMS ONLY)*

For a Sharing Member, and/or his or her dependents, who die(s) after 12 months of uninterrupted enrollment. OneShare will submit your loss to the sharing group upon receipt of a copy of death certificate and an End of Life Assistance Request Form according to the following financial assistance amounts eligible for sharing.

SCHEDULE OF SHARING:

ONESHARE CLASSIC		***ONESHARE COMPLETE***	
Primary Member	$6,000	Primary Member	$10,000
Spouse	$4,000	Spouse	$6,000
Dependent	$2,000	Dependent	$2,000

Please note: *The Primary Member must place on file at the time of enrollment, as to who is to be the designated Recipient(s) of the eligible End of Life Sharing assistance, otherwise it shall be directed to the Primary Sharing Member's estate. If a child is to be one of the designated recipients, then the child's share is to be paid out on their behalf to a trustworthy adult who is designated as a custodian of the child's share. The Primary Member is the Recipient for all dependents. If more than one Recipient is named, the Recipients shall share equally unless otherwise stated below.*

Primary Recipient	Address, City, State, Zip		
Relationship	DOB	SSN	%
Secondary Recipient	Address, City, State, Zip		
Relationship	DOB	SSN	%

Provision for eligible medical expenses after death.

If a Sharing Member, at the time of his or her death, has outstanding Eligible Medical Expenses that have not been shared at the time of death, the following provisions apply:

a. Eligible Medical Expenses submitted by the provider in the normal course of business, shall be eligible for sharing in the same manner, as if the Member has not died. If the Member has not satisfied their ISA, the End-of-Life Sharing assistance will be used to satisfy the remaining ISA. Any remaining sharing assistance will be paid to the member's designated recipient(s).

b. Eligible Medical Expenses not submitted by the provider, but paid or payable directly by or on behalf of the Member and submitted for sharing within a reasonable time of the billing or payment, shall be eligible for sharing, and payment shall be directed to the deceased Sharing Member's designated recipient(s).

c. In the event no Recipient survives, the Primary Member's eligible sharing assistance and this Form does not provide otherwise, the proceeds will be paid to the Primary Member's estate.

OneShare at its option and in its sole discretion, may direct any Member Sharing Amounts to be paid to the designated recipient for the End of Life Assistance. If the Notification for the End of Life Assistance is submitted more than six months after the date stated on the death certificate, OneShare has the right to refuse the request.

End of Life Sharing Benefits shall not be provided under the following circumstances:

Intentional or non-accidental self-inflicted injury, suicide or attempted suicide.

Bodily or mental infirmity or disease, or as a result of medical or surgical treatment for such conditions.

Injury sustained while committing or attempting to commit an assault or felony or taking part in a riot.

Illness or injury sustained during a state of war, or an act of war, declared or undeclared.

Unless taken or administered on the advice of a doctor, the intentional ingestion of alcohol, narcotics, barbiturates, hallucinatory drugs or substances, or any combinations thereof.

Any combination of the above.

SECTION 7. PAYMENT METHOD

Please complete the appropriate fields. All cancellations must be submitted ten days prior to the next billing date for the cancellation to be processed before the next month's sharing membership takes effect. This authorization will remain in effect until cancelled.

Credit/Debit Card	☐Visa	☐ Mastercard	☐ AMEX	☐ Discover
Enter Credit Card Number			Expire	Sec. Code
ACH Bank Draft				
Bank Name				
Bank account/transit number		Bank Routing Number		
Billing address (if different from above)				
City, State, Zip				
Please attach voided check from the bank with this form.				

I, _____, AUTHORIZE ONESHARE HEALTH LLC TO DRAFT ON _____

OF EACH MONTH (WITH THE EXCEPTION OF THE 29TH, 30TH & 31ST) THE AMOUNT OF _____ SPECIFIED IN SECTION 2 OF THIS FORM FROM THE DESIGNATED PAYMENT METHOD ABOVE. I UNDERSTAND THAT MY INFORMATION WILL BE SAVED ON FILE FOR FUTURE TRANSACTIONS ON MY ACCOUNT.

I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THIS AUTHORIZATION.

SIGNATURE **DATE**

SECTION 8. HEALTH CARE SHARING DISCLOSURES

You are enrolling in a Health Care Sharing Ministry administered by OneShare Health, LLC. A Health Care Sharing Ministry is not health insurance, and this program 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. This program should not be considered as a substitute for an insurance policy. You are always liable for your own unpaid medical bills.

DISCLAIMER

ONESHARE IS NOT AN INSURANCE COMPANY AND DOES NOT OFFER ANY INSURANCE PRODUCTS OR POLICIES. ONESHARE DOES NOT ASSUME ANY RISK FOR YOUR MEDICAL EXPENSES, AND ONESHARE MAKES NO PROMISE TO PAY YOUR MEDICAL EXPENSES.

ONESHARE OFFERS VOLUNTARY PARTICIPATION IN ITS HEALTH CARE SHARING MINISTRY AND COORDINATES ALL MINISTRY ADMINISTRATION SERVICES.

No Promise to Pay

OneShare does not make a promise to pay or any guarantee of payment of your medical expenses. You are responsible for any unpaid medical bills. OneShare does not assume your risk. OneShare does not guarantee that your medical expenses will be shared by other members.

Voluntary Participation

Enrollment in OneShare is not a contract. 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 an Individual Share Amount to be collected for each month you are enrolled, to facilitate the payment of sharing requests published on behalf of other members.

Guidelines

OneShare manages member sharing contributions by establishing guidelines that define which medical bills are eligible for sharing ("Guidelines"). The Guidelines are not a contract, and nothing presented by OneShare constitutes a contract. 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.

Administration

Upon receiving an eligible medical bill from a member or provider, OneShare will assign the bill for sharing in accordance with the Guidelines, less the amount required to be pre-shared paid by the member. Monthly member sharing contributions are called "Individual Share Amounts." Up to 75% of Individual Share Amounts are applied towards administration of the Health Care Sharing Ministry, applied towards other charitable causes, or applied towards general overhead costs.

Membership Guidelines Details

Each member is responsible for reviewing the Guidelines provided at the time of enrollment, 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. Preauthorization from OneShare is required for certain medical expenses.

Authorizations

I authorize OneShare to collect the Monthly Contribution as a recurring monthly transaction.

I authorize my first Monthly Contribution to be processed immediately upon completion of my enrollment.

I authorize OneShare to contact providers to obtain the release of my medical records, and the medical records of all enrollees on the application.

Acknowledgments

I affirm that the name and personal information provided on this form are true and correct.

I affirm that I understand and accept the disclosures presented above.

I understand that there are no representations, promises or guarantees that my medical expenses will be paid.

I also understand that any funds that I may receive for medical expenses do not come from an insurance plan but are voluntary contributions by the members.

I understand that the Guidelines, program details, and Monthly Contribution Amounts may be adjusted at any time.

Refunds

Within the first 30 days of a new member's Effective Date, the member is entitled to a full refund, including the one-time application fee. 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.

Refunds will be processed as a credit to the same card or account provided for billing. Requests involving refunds payable by check may be delayed up to 30 business days.

I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE TERMS OF THIS APPLICATION.

SIGNATURE **DATE**

Please Note:

It is the responsibility of the Producer to make sure this application is entered in Admin 123. Upon completion of entering the member's information, this document is to be properly disposed of.