




Membership Application

Start <input type="text" value="M"/> / <input type="text" value="Y"/>		FOR OFFICE USE ONLY	
Paid \$ <input type="text"/>		A <input type="text" value="Y"/> <input type="text" value="N"/>	
Check # <input type="text"/>		Adults # <input type="text"/>	UNITS <input type="text"/>
Due \$ <input type="text"/>		Children # <input type="text"/>	
Sent <input type="text"/>		MemKey <input type="text"/>	
		Received <input type="text"/>	



General Membership Information

Need help completing this form? Call us toll-free at 1-877-764-2426.

Please print clearly with blue or black ink.

Name / /

Birth date / / Male/Female /

Organization

Address

City State Zip

Email

Cell phone Home phone

Work phone

Occupation

How did you learn about this ministry?

HealthCareSharingWorks.com

Teresa Stegall
(Membership #100543)

Family Members In Your Household

- Please list spouse even if he/she is not joining
- Include dependents 25 years old and under, or those 26 and over who meet basic income requirements (see Guidelines Section II.A, B, & C).
- Include last name if different than member above
- Please use an additional sheet of paper if necessary

	Male/Female	Birth date	Include in Membership?
Spouse <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #1 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #2 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #3 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #4 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #5 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>
Child #6 <input type="text" value="First"/> / <input type="text" value="Middle"/> / <input type="text" value="Last"/>	<input type="text" value="M"/> / <input type="text" value="F"/>	<input type="text" value="M"/> / <input type="text" value="D"/> / <input type="text" value="Y"/>	<input type="text" value="Y"/> / <input type="text" value="N"/>

Family Health History

Please list the medical history of anyone added above. List all tests and treatments during the past 12 months, and all symptoms even if not diagnosed or treated. For heart disease, cancer, or diabetes, list complete medical history, not just the previous 12 months. **Publication of needs for some conditions existing prior to membership may be limited, but your membership will not be refused on the basis of your health status. (Please use an additional sheet of paper if necessary.)**

Family member	Illness or injury	Date of treatment	Outcome of treatment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Newsletter Membership Agreement

All participating adults must read and initial the following statements.

Applicant's Initials Spouse's Initials

Membership Requirements

1. I have access to the current Samaritan Ministries Guidelines, have read them, and agree to abide by them. (The Guidelines can be accessed at samaritanministries.org.)
2. I have read and do affirm the Member Statement of Faith (Section I.B).
3. I agree to abide by the membership requirements listed in Sections I and II of the Guidelines, including:
- a. I attend church services at least three weeks each month (except for illness, travel, etc.).
- b. I abstain from the use of tobacco and illegal drugs.
- c. I abstain from any sexual activity outside of traditional Biblical marriage.
- d1. I abstain completely from the use of alcoholic beverages (wine used for communion is an approved exception).
– or –
- d2. I use alcoholic beverages in careful moderation—never drinking to drunkenness (Ephesians 5:18).
4. I affirm that everyone age 18 and over included in this membership meets the requirements listed in Sections I and II of the Guidelines, as verified by the completion of their own membership agreement.

Ministry Understandings

5. I understand that Samaritan Ministries is not an insurance company, does not provide insurance, and is not regulated or approved by a department of insurance in any state. A monthly mailing/email provides information to enable me to pray for specific medical needs, send notes of encouragement, and directly share financially in another member's need.
6. I understand that Samaritan Ministries has no obligation to me other than to share qualifying medical needs for eligible members of my family according to the Guidelines in effect at the time of the need.
7. I understand that any monthly shares I receive will come directly from fellow members, not from Samaritan Ministries. Information I may have regarding past giving by Samaritan members does not guarantee any future giving.
8. I agree that the responsibility for paying medical bills remains mine whether or not I receive financial help from other members.

Sharing Practices

9. I understand that the purpose of Samaritan's financial sharing is to bear one another's medical burdens. Leaving medical bills unpaid or otherwise using members' monthly shares for another purpose would be a violation of their trust, making me ineligible to have additional needs shared and ineligible to continue membership. I authorize Samaritan to hold me accountable with my church (as reported to SMI or where I am currently attending) even if I am no longer a Samaritan member.

Applicant's Initials Spouse's Initials

Sharing Practices (cont.)

10. I understand that 11 months of the year I will be asked to send a monthly share directly to a member with a need. I understand that I must send to all assigned needs and be current in sharing with members and the office, to be eligible to have my own needs shared.
11. I understand that annually, on the anniversary month of my membership, my monthly share will be sent as an administrative fee to the Samaritan Ministries' office, to be used at the discretion of Samaritan Ministries to perform all ministry functions, including presenting this ministry to others who are not members, and for such other purposes as determined by the Board of Directors. This share will not be used to reimburse shareable medical expenses, nor is it a "premium" for any agreement by Samaritan Ministries to reimburse me for medical expenses.
12. If I decide to discontinue my membership, I agree to send notification in writing to Samaritan Ministries before the 15th of the month preceding the month in which I wish to stop sharing, and to continue sending to assigned needs until my cancellation is acknowledged.
13. I understand that if I should end my membership and later rejoin, the provisions for having my needs shared will be the same as starting a new membership, without regard to any previous membership time.
14. **Conditions existing before membership:** I understand that any health condition (diagnosed or not) that my household members have experienced (symptoms or treatment) prior to the membership will not be eligible for publication as a regular need until 12 months elapse without any symptoms, treatment, or medication (Section VII). The requirement for recurrence of a related cancer or a heart condition is five years without symptoms, treatment, or medication. The need may be presented as a Special Prayer Need (Section V.A).
15. **Exceptions:** I understand that any need resulting from Type 1 diabetes that existed before my membership will not be shared as a regular need (but may qualify as a Special Prayer Need), even if it has not recurred prior to the membership or has been declared cured (Section VII.B).
16. I have read and understand the specific limits on what can be shared for a maternity need (Section IX).

Conflict Resolution

17. I agree that neither I nor Samaritan Ministries have any legal power to force anyone to give to me for any need. Members give to other members voluntarily as an expression of obedience to their Christian faith, and it would be contrary to my Christian beliefs for any governmental authority to construe giving by members to be a contractual obligation.
18. I agree that believers should settle their disputes within the Body of believers, and not take one another to civil courts, unless they refuse to submit to the Body (1 Corinthians 6:1-8). I agree, as a condition of membership, to submit any dispute or claim against Samaritan Ministries, its members, staff, officers, or directors, to Christian arbitration under the laws of Illinois and the United States, as provided in Section XII of the Guidelines and give up any right to sue in civil court.

I have initialed each of the above statements and sign here indicating my agreement. (Required from each participating adult.)

Applicant's signature

Date

Spouse's signature

Date

Please specify when you want to start your membership:

- On the date it is received at Samaritan Ministries' office. – or – on

To Share in Needs That Exceed \$250,000

4

Save to Share™ Membership Agreement

Only those desiring to participate in Save to Share™ should complete this section.

(All participating adults must read and initial the following statements.)

Applicant's Initials Spouse's Initials

1. I understand that participation in Save to Share™ requires participation in Samaritan Classic or Samaritan Basic, and adherence to the Guidelines. I understand that a decision to discontinue that participation will at the same time terminate my participation in Save to Share™.

2. I have access to the current Save to Share™ Guidelines, have read them, and agree to abide by them. (The Save to Share™ Guidelines can be accessed at samaritanministries.org.)

3. I understand that if I should end participation in the Save to Share™ program for any reason and later reapply, the provisions for having my needs shared will be as though I had never participated previously (i.e. pre-existing conditions, etc.).

Applicant's Initials Spouse's Initials

4. I understand that Save to Share™ is part of Samaritan Ministries and is not an insurance company, but a sharing ministry. The same understandings and limitations I have agreed to regarding Samaritan Classic or Samaritan Basic also apply to Save to Share™ except that Save to Share™ shares that portion of a Save to Share™ member's need that exceeds the \$250,000 max shareable in Classic or the \$236,500 max shareable in Basic (up to the available amounts under the Guidelines).

5. I understand and agree that it is my responsibility to set aside the agreed upon amount of money to be ready to share in the need(s) assigned to me (see Save to Share™ Guidelines). Failure to share in a need assigned to me will result in dismissal from Save to Share™ with no possibility of reinstatement.

I have initialed each of the above statements and sign here indicating my agreement. (Required from each participating adult.)

Applicant's signature

Date

Spouse's signature

Date

5

Required Church Information

I/We attend

Denominational Affiliation?

Church address

Church phone

City State Zip

Church email

The pastor of your church, a church officer (if you are the pastor), or some other person to whom you are accountable (if you are in a mission church or church planting effort) must complete the Church Leader Verification section below.

Church Leader Verification

Pastor

Church Officer

Person to whom you are accountable

(If someone to whom you are accountable is providing verification, please describe the relationship below.)

To the best of your knowledge, does the member(s) listed in Section One:

Yes No

Participate in the church or fellowship you attend?

Attend services at least three weeks each month (except for illness, travel, etc.)?

Abstain from the use of tobacco and illegal drugs?

Abstain from consumption of alcohol or consume alcohol only in careful moderation?

Abstain from any sexual activity outside of traditional Biblical marriage?

Leader's name

Phone

(Must not be yourself or another member of your immediate household.)

Home Cell Office

Leader's signature

Date

6

Membership Fee Calculator

Need help completing this form? Call us toll-free at 1-877-764-2426.

I want to join the following ministries: (check all that apply and indicate totals)

<p><input checked="" type="checkbox"/> Main Newsletter Ministry Start-up Administrative Fee (non-refundable) →</p> <p>Samaritan Classic* Monthly Share¹</p> <p>■ Regular</p> <p><input type="checkbox"/> One person - \$220 per month² (age 30 or older)</p> <p><input type="checkbox"/> Two-person family - \$440 per month</p> <p style="text-align: center;">– OR –</p> <p><input type="checkbox"/> Three or more person family - \$495 per month</p> <p><input type="checkbox"/> Widowed or divorced with children - \$305 per month</p> <p>■ Young Adult (age 29 or younger)</p> <p><input type="checkbox"/> One person - \$160 per month²</p>	<p style="text-align: right; font-weight: bold;">\$ 200.00</p> <hr/> <p style="text-align: right;">First month's Regular share¹ → +</p> <hr/> <p style="text-align: center;">– OR –</p> <hr/> <p style="text-align: right;">First month's Young Adult share → +</p> <hr/> <p><input type="checkbox"/> Save to Share™ \$15 Annual Administrative Fee → +</p> <p>(Optional ministry for needs that exceed \$250,000—see Section 4)</p> <p>Include only the <i>Save to Share™</i> annual administrative fee of \$15 in your payment.</p> <p>You should not send your <i>Save to Share™</i> set-aside funds to Samaritan Ministries.</p> <hr/> <p style="text-align: right; font-weight: bold;">Total Fee(s) + First Month's Share \$ <i>Total</i></p>
--	---

¹ Share amounts can only be increased by a vote of the members. See Section IV.A.2 of the Guidelines.

² To share maternity needs, a minimum of two people are required to be on the membership.

* If you are interested in the Samaritan Basic sharing option, you must sign up online. Go to samaritanministries.org/cost for information on Samaritan Basic, or call 1-877-764-2426.

Please send your payment for applicable administrative fees plus the first month's share, along with this completed application form to: **Samaritan Ministries, PO Box 3618, Peoria, IL 61612-3618**

7

Important Notices

20171027

A This ministry is not operated by an insurance company nor is it offered through an insurance company. Samaritan Ministries and its members assume no responsibility for your medical bills. Whether you receive any share money to help you with your medical needs will depend on the voluntary giving of your fellow members as an expression of Christian love, but no matter how much money you receive, you always remain solely responsible for payment of your own medical bills.

B Samaritan Ministries retains the absolute discretion to accept, reject, or qualify your membership. You should not assume that your application has been accepted until you have received a written confirmation from Samaritan Ministries. (However, your membership will not be refused based on your age, health, or family size.)

8

Household Information

To be used only by Samaritan Ministries to better serve our members.

Marital Status

- Married
- Widowed
- Divorced
- Separated
- Never Married
- Remarried

Highest Level of Education Completed

- | | |
|--|--|
| <p>Applicant Spouse</p> <p><input type="checkbox"/> <input type="checkbox"/> High School</p> <p><input type="checkbox"/> <input type="checkbox"/> Some College</p> <p><input type="checkbox"/> <input type="checkbox"/> 2-Year Degree Applicant Spouse</p> <p><input type="checkbox"/> <input type="checkbox"/> 4-Year Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> Doctorate/Professional Degree</p> <p><input type="checkbox"/> <input type="checkbox"/> Specialized Certification (please specify)</p> | |
|--|--|

Household Income

- Below \$15,000
- \$15,000 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and over

Strictly confidential. For internal, office use only. Will not be seen by or sold to outside parties.

I would prefer not to participate.