

## Before You Begin

- Please review the REDEEM HealthShare Guidelines for information on adding on family members and newborns.
- Membership starts on the first of the month following approval. A newborn can be a member from date of birth, provided the application is submitted within 30 days of birth date.
- Please note that adding a family member may affect your Share amount. See the Cost Calculator at [REDEEMHealthShare.org/cost](https://redeemhealthshare.org/cost).

## Current Member Information

First Name	Last Name	Membership ID
Phone Number	Email	
Address		
City	State	Zip + 4

## New Member Information *Please complete the following information for each family member being added to membership.*

First Name	Last Name
Requested Start Date	Date of Birth (MM/DD/YY)
Relationship to Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
What is your occupation?	What is your highest level of education?
Phone Number	Email
I attend Biblical, Christian church services at least three weeks each month (except for illness, travel, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
I abstain from illegal drugs and tobacco, other than a rare celebratory cigar or pipe. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I abstain from any sexual activity outside of traditional Biblical marriage. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I abstain completely from alcoholic beverages or use them in careful moderation, never drinking to drunkenness. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently being treated by a Medical Provider for any acute or on-going health related issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently taking any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 12 months, have you seen a medical provider or taken medication for any of the following conditions? (Check all that apply)	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> High cholesterol <input type="checkbox"/> High blood pressure <input type="checkbox"/> Bone spurs <input type="checkbox"/> Glaucoma <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Sleep apnea (including CPAP) <input type="checkbox"/> Hormone therapy	<input type="checkbox"/> Back disorder (e.g., degenerative disc disease, herniated disc, spinal fusion, spondylitis, strain) <input type="checkbox"/> Disease of the circulatory system (e.g., stroke, heart attack, angina) <input type="checkbox"/> Kidney disorder <input type="checkbox"/> Muscular Disorder <input type="checkbox"/> Stomach (e.g., ulcer, acid reflux, GERD)
<input type="checkbox"/> Autoimmune disease (e.g., lupus, MS, Grave's Disease) <input type="checkbox"/> Cancer <input type="checkbox"/> Cataracts <input type="checkbox"/> Lyme disease <input type="checkbox"/> Varicose veins <input type="checkbox"/> Allergy treatments <input type="checkbox"/> Joint replacement <input type="checkbox"/> Benign growth	<input type="checkbox"/> Immunodeficiency (e.g., AIDS, HIV+, hemophilia) <input type="checkbox"/> Liver disease <input type="checkbox"/> Respiratory (e.g., asthma, allergies, pneumonia, COPD, emphysema, bronchitis) <input type="checkbox"/> Bowel (e.g., irritable bowel syndrome, Crohn's disease) <input type="checkbox"/> None of the above

**ATTENTION:** REDEEM HealthShare is not an insurance product and is not an insurance company. REDEEM HealthShare is not liable for the payment of a member's medical bill. If sharing occurs, the shared medical bills are paid by the member that incurred the bill from members' share contributions from the REDEEM community only, not from funds of REDEEM HealthShare itself.