Impact Health Sharing

APPLICATION
TO ADD-ON FAMILY MEMBERS

Before You Begin

- Please review the Impact 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. Visit the Share Calculator at ImpactHealthSharing.com/pricing

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 ☐ Spouse ☐ Dependent | Gender ☐ Male ☐ Female | Height | Weight

What is your occupation? | What is your highest level of education?

Phone Number | Email

Are you pregnant? ☐ Yes ☐ No

In the past 12 months, have you used tobacco or vaping products of any kind? ☐ Yes ☐ No

Are you currently taking any prescriptions or over-the-counter non-vitamin medications? ☐ Yes ☐ No

In the next 12 months, do you expect to have surgery, treatments, or be hospitalized? ☐ Yes ☐ No

In the past 12 months, how many times have you been seen by a health care provider? ☐ Never ☐ 1-2 times ☐ 3 or more times

In the past 12 months, how many times have you been to the emergency room? ☐ Never ☐ 1-2 times ☐ 3 or more times

In the past 12 months, how many times have you been hospitalized? ☐ Never ☐ 1-2 times ☐ 3 or more times

Have you experienced unexpected weight changes (weight gain or loss) in the past 36 months? ☐ Yes ☐ No

Have you noted bright red blood in your stool or urine in the past 36 months? ☐ Yes ☐ No

Have you noted black tarry stools in the past 36 months? ☐ Yes ☐ No

In the past 3 years, have you seen a medical provider, had treatment recommended, received care (including prescriptions) or been hospitalized for any of the following? (Check all that apply)

- ☐ Cancer
- ☐ Cardiac or heart disease/ disorder (e.g. congestive heart failure, bypass, etc.)
- ☐ Diabetes
- ☐ High Cholesterol
- ☐ High Blood Pressure (hypertension)
- ☐ Arthritis (e.g. rheumatoid, osteoporosis, psoriatic, gout)
- ☐ Autoimmune Disease (Lupus, "Graves" disease, anemia)
- ☐ Back Disorder (degenerative disc disease, herniated disc, spinal fusion, spondylitis, strain)
- ☐ Benign growth (tumor or cyst)
- ☐ Bowel (irritable bowel syndrom, Crohn's disease)
- ☐ Circulatory system disease (stroke, arterial/vascular disease)
- ☐ Immunodeficiency (AIDS, HIV+, hemophilia)
- ☐ Kidney Disorder (nephritis, renal failure, kidney disease)
- ☐ Liver Disease (cirrhosis, hepatitis A, B, C, E)
- ☐ Mental Illness (depression, anxiety, bipolar disorder, schizophrenia)
- ☐ Muscular Disorder (fibromyalgia)
- ☐ Respiratory (asthma, allergies, pneumonia, COPD, emphysema, bronchitis)
- ☐ Stomach (ulcer, acid reflux, GERD)
- ☐ Organ Transplant
- ☐ Endocrine
- ☐ Alzheimer's/Dementia
- ☐ Nervous System (sleep apnea, epilepsy, MS, muscular dystrophy, Parkinson's, seizures, paralysis, cerebral palsy)
- ☐ Skin Disorders (psoriasis, eczema, pre-cancerous lesions)
- ☐ Substance Dependency (alcohol, drug)
- ☐ None of the above

ATTENTION: Impact Health Sharing is not insurance. Impact Health Sharing is a Healthcare Sharing Organization as [outlined in the Patient Protection Affordable Care Act.] Impact Health Sharing 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 only, not from funds of Impact Health Sharing itself.

Impact Health Sharing is not an insurance product and is not an insurance company. The payment of medical bills through Impact Health Sharing or otherwise is not guaranteed in any way. Impact Health Sharing is not, and should never be construed as, a contract for insurance or a substitute for insurance.

There is no transfer of risk from a member to Impact Health Sharing or from a member to other members; and there is not a contract of indemnity between Impact Health Sharing and any member or between the members themselves.

To Submit: **Email** Members@ImpactHealthSharing.com | **Mail** 8210 West State Rd 84, Davie, FL 33324 | **Fax** (954) 678-6970