

Instructions for your Limited Power of Attorney Form and Setting Up Your Individual Account for Sharing



Dear Applicant,

Please carefully read these instructions to complete your Limited Power of Attorney (LPOA) form and set up your individual account for sharing. These two steps are a very important part of starting your Medi-Share Participation. You will also see a form for electronic funds transfer (EFT) if you choose to have your share payment withdrawn automatically from your account.

If you need assistance in completing these forms or setting up your account, please contact Application Services at (800) 264-2562.

Instructions

- 1. READ:** Read the Limited Power of Attorney (LPOA) and Other Agreements. The purpose of this LPOA is to give CCM/Medi-Share certain limited access to the ACCU individual account established in your name for the sole purpose of sharing. This is an important legal document. Please read it carefully!
- 2. SIGN:** The signing of the LPOA document must be witnessed by two adult (18 or older) witnesses. The primary account holder and the joint account holder cannot be witnesses for each other. Spouses cannot sign as witnesses for each other.
- 3. DECIDE:** For your convenience, you can pay your monthly share electronically. Simply authorize automatic withdrawals of your monthly share by completing the form titled, "EFT." If you do not choose this option, you will mail your monthly share payment each month or make your share deposit online. Please note that if you choose EFT, it is not effective until your second month of membership.
- 4. RETURN:** Return your signed LPOA form and optional EFT form by mail to CCM in the envelope provided (PO Box 120099, West Melbourne, FL 32912), or fax to (321) 722-5134.
- 5. ACCOUNT SET UP:**
 - a. Log on to www.mychristiancare.org/setup to establish your individual account with ACCU.
 - b. If you do not have internet access, CCM can help you with your account setup after CCM has received your completed LPOA. Please call Application Services at (800) 264-2562 if you need assistance.

Limited Power of Attorney

Medi-Share Durable Limited Power of Attorney & Other Agreements With Respect To America's Christian Credit Union Checking Account

1. Purpose; Appointment of CCM as Authorized Agent.

The purpose of this Medi-Share Durable Limited Power of Attorney (this "Limited Power of Attorney") is for the undersigned account holder(s) (the "Member") to give Christian Care Ministry, Inc. ("CCM") certain limited rights as more particularly described herein to Member's checking account (the "Account") to be created with America's Christian Credit Union (the "Credit Union") for the purpose of facilitating Member's participation in Medi-Share, a mutual medical bill sharing program of which Member is or desires to be a member.

2. General Terms. Member acknowledges and agrees as follows:

a. Duration; Termination. CCM may exercise the rights and powers granted to it hereunder while Member is a participant of Medi-Share. Member may revoke this power of attorney at any time. Member acknowledges that revocation of this power of attorney shall also result in Member's withdrawal from participation in Medi-Share. Further, Member's withdrawal from participation in Medi-Share shall result in the revocation of this Limited Power of Attorney upon completion of all pending sharing requests.

b. Survives Incapacity. This Limited Power of Attorney shall not be affected by a subsequent incapacity of the Member.

c. Signing of Document Must Be Witnessed. This Limited Power of Attorney must be dated and signed by the Member and two competent adult witnesses. The witnesses must either witness (1) the Member's signing of the Limited Power of Attorney or (2) the Member's acknowledgment of the signing of this Limited Power of Attorney. Spouses cannot sign as witnesses for each other.

3. Scope of Power of Attorney. By signing this Limited Power of Attorney, Member hereby authorizes CCM to

act for and on its behalf as follows:

a. Open Account. Member hereby authorizes CCM to take all actions necessary to open the Account with the Credit Union. Member understands and agrees that the Account shall be titled in the name of the Member and that the Member shall be the sole owner of the Account.

b. Transfer Funds to Other Medi-Share Member Accounts. Member hereby authorizes CCM, on a monthly basis, to initiate a transfer on his or her behalf up to the amount of the Medi-Share Monthly Share Amount, as set forth on Member's share notice for the month in question, directly from his or her Account to the account of one or more Medi-Share participants for the sole purpose of assisting such participant or participants with the payment of one or more medical bills eligible under the Medi-Share Guidelines. Further, Member authorizes CCM, on an as needed basis, to initiate a transfer on his or her behalf of funds deposited in his or her account by CCM, a provider or other third party as a result of Member's participation in Medi-Share, such as, refunds from providers and the like, from his or her Account to the account of one or more Medi-Share participants for the sole purpose of assisting such participant or participants with the payment of one or more medical bills eligible under the Medi-Share Guidelines.

c. Transfer to and Deposit Funds in Member Account. Member hereby authorizes CCM to transfer or deposit, on an as needed basis, Medi-Share Monthly Share Amounts and any other amounts relating thereto from one or more other Medi-Share participants into Member's Account for the sole purpose of assisting Member with the payment of one or more medical bills eligible under the Medi-Share Guidelines. Further, Member authorizes CCM to deposit into Member's Account any and all amounts that it may receive as

a result of Member's participation in Medi-Share, such as, refunds from providers and the like.

d. Transfer Funds to Medical Providers. Member hereby authorizes CCM, on his or her behalf and on as needed basis, to issue checks or electronic payments from the Account, drawn on funds transferred to Member's Account pursuant to section 3(c) above, for the sole purpose of assisting Member with the payment of one or more medical bills eligible under the Medi-Share Guidelines.

e. Transfer Administrative Fee to CCM. Member hereby authorizes CCM, on a monthly basis, to transfer on his or her behalf the Monthly Administrative Fee, as set forth on the Member's share notice for the month in question, directly from his or her Account to CCM.

f. Access to Account Information. Member hereby authorizes CCM to request and receive from Credit Union any and all information pertaining to the Account that CCM may request in order to properly and efficiently administer Medi-Share.

4. Reliance; Indemnification. Credit Union and its subsidiaries are each entitled to rely on this Limited Power of Attorney until Credit Union receives written notice of revocation of this Limited Power of Attorney. Credit Union may absolutely rely on CCM to act in accordance with the terms of this Limited Power of Attorney, and Member understands and agrees that Credit Union has no obligation to and will not independently verify that CCM is so acting. Therefore, Member agrees to hold Credit Union, its subsidiaries, and each of their respective employees, agents, representatives, officers and directors, harmless from any losses, liabilities, damages, costs and expenses (including attorneys' fees and court costs) resulting from, directly or indirectly, any action or inaction taken in accordance with this Limited Power of Attorney.

5. Other Agreements

a. Use of Funds for Intended Purpose. Member hereby

acknowledges and agrees that funds deposited in Member's Account by CCM or as a result of Member's participation in Medi-Share are to be used for the sole purpose for which they were intended, that is, the payment of medical bills in accordance with the Medi-Share Guidelines.

b. No Transfer of Liability. Member hereby acknowledges and agrees that CCM's ability to act in accordance with the provisions of section 3 hereinabove are entirely dependent on the continued giving of Member and each other member of Medi-Share in accordance with the Medi-Share Guidelines.

c. Governing Law. The internal laws of the State of California, including its Power of Attorney Law, shall govern the construction, interpretation and other matters arising out of or in connection with this Limited Power of Attorney (whether arising in contract, tort, equity or otherwise), without reference to any principles of conflicts of law that would apply another jurisdiction's laws.

d. Ratification. Member hereby ratifies, to the extent permitted by law, all that CCM shall lawfully do or cause to be done in accordance with the terms of this Limited Power of Attorney.

e. Legal Rights Affected. THIS LIMITED POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING THIS LIMITED POWER OF ATTORNEY, MEMBER AUTHORIZES ANOTHER PERSON TO ACT FOR AND ON BEHALF OF MEMBER AND WITHOUT FURTHER INSTRUCTION OR AUTHORITY FROM MEMBER. MEMBER SHOULD READ THIS LIMITED POWER OF ATTORNEY CAREFULLY AND OBTAIN THE ASSISTANCE OF LEGAL COUNSEL OR ANY OTHER QUALIFIED PERSON TO THE EXTENT THAT ANY PROVISION OF THIS LIMITED POWER OF ATTORNEY IS NOT FULLY UNDERSTOOD.

Limited Power of Attorney

Medi-Share Durable Limited Power of Attorney & Other Agreements With Respect To America's Christian Credit Union Checking Account

Printed Name of Member- Primary Account Holder

SIGN HERE

Home Phone Number Household Number

SIGN HERE

Signature of Member - Primary Account Holder

Date of Execution

SIGN HERE

Witness Signature Print Name

Witness Signature Print Name

Spouses cannot sign as witnesses for each other.

If a Joint Account:

SIGN HERE

Printed Name of Member - Joint Account Holder

SIGN HERE

Signature of Member - Joint Account Holder

Date of Execution

SIGN HERE

Witness Signature Print Name

Witness Signature Print Name

- Yes, please sign me up for automatic payment of my monthly share (complete the EFT Transfer Agreement and send in with the signed LPOA).
- Yes, please send me my Medi-Share monthly share notices electronically.
- Yes, please send me my Medi-Share Explanation of Sharing (EOS) statements electronically (when available).
- Yes, please send me my *Helping One Another* newsletter electronically.

Email Address: _____

Return in the envelope provided, or mail to:
Christian Care Ministry
PO Box 120099
West Melbourne, FL 32912
or fax to: (321) 722-5134

Detach and mail in the envelope provided.

Electronic Funds Transfer (EFT)

Complete the form below to set up a secure automatic withdrawal (EFT) of your monthly share from your current bank account into your ACCU account. By choosing automatic transfer, you save yourself time and money but most importantly, you make certain that your monthly share will be helping Medi-Share participants month after month.

Please select which program(s) you would like CCM to initiate an EFT on your behalf.

- Manna - I hereby authorize CCM to make such withdrawals monthly on the ____ day of the month. (Please indicate which day you would like the withdrawal made from the 1st to 20th.)
- Medi-Share - I hereby authorize CCM to make such withdrawals monthly on the fourth day of the month.
- Extra Blessings - I hereby authorize CCM to withdraw \$ ____ on the fourth day of the month to be allocated to the Extra Blessings needs of Medi-Share participants.

Electronic Funds Transfer Agreement (Optional)

I hereby authorize Christian Care Ministry, Inc. ("CCM"), to initiate withdrawals from my account identified below in the amount of the then current monthly share amount for payment of one or more participants' financial need(s), and CCM administrative fee, and/or allocated Extra Blessings amount, and further authorize my bank to debit from my account such aggregate amount. I hereby authorize CCM to make such withdrawals monthly.

This authority is to remain in full force and effect until the earlier of (1) CCM or my bank receiving written notification from me of the termination of this authority, subject to such time as to afford CCM and my bank a reasonable opportunity to act on it or (2) the termination of my participation with CCM.

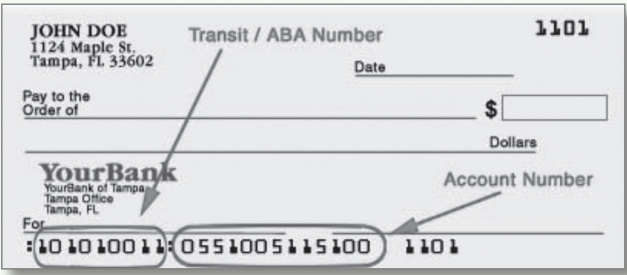
Please check: Checking Savings

Bank Name _____

9 Digit Bank ABA Number _____

Your Account Number _____

Primary Account Owner _____



Joint Account Owner (If applicable) _____

Signature _____

SIGN HERE →

Signature _____

Date _____

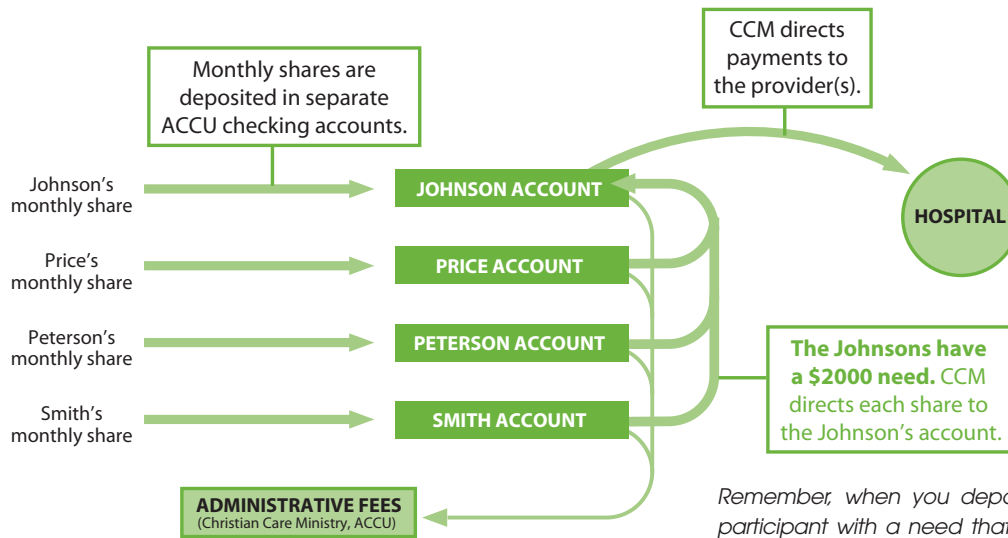
Home Phone Number _____

Household Number _____

Please note that your first month's share must be paid by check or credit card. If you have chosen EFT, the automatic withdrawal will be effective on your second month of Medi-Share participation.

Detach and mail in the envelope provided.

Sharing Process:



Remember, when you deposit your share, there is a participant with a need that will receive your share in their account for payment to a provider.

Individual Account FAQs

Why do we have to open an Individual Account?

The use of individual accounts for household to household sharing protects CCM's ability to operate as a healthcare sharing organization.

What happens if we don't open an Individual Account?

Unfortunately that means that you will not be able to be a Medi-Share participant. The sharing process is dependent on the individual accounts and cannot operate without them.

Why is a Limited Power of Attorney necessary?

In order for us to be able to facilitate the sharing of your medical bills and the bills of other participants we need the ability to transfer money between individual participant accounts and have limited permission to issue funds to providers on behalf of the participants.

Will the Limited Power of Attorney be exclusive to this account?

Absolutely! The Limited Power of Attorney will only be for your Medi-Share individual sharing account at ACCU. If you desire to open additional accounts with ACCU, Christian Care Ministry will not have any access to those accounts.

Who should sign the Limited Power of Attorney as the primary account holder?

The person who signs the LPOA as the primary account holder must also be the primary account holder on the ACCU account. It is highly recommended that both spouses sign and complete the LPOA, regardless of who is the primary account holder.

Who can be a witness to my signature?

Anyone 18 or older who is not your spouse.

Do I have to mail in my monthly share, or can I have it automatically withdrawn?

You can pay your monthly share by way of electronic funds transfer (EFT). Simply fill out the EFT form and return it with your signed Power of Attorney. However, your first month share deposit must be made by check or credit card. Your automatic withdrawals will begin on your second month if you send in the EFT form.

What is my household number?

Your first monthly share notice included with this information has your household number on it.

How do I set up my account?

See the instructions on page 1. First, you must complete and return your Limited Power of Attorney form and second, you must go to www.mychristiancare.org/setup to open your ACCU account online.

