



To be completed by Parent/Guardian to certify that their adult (18-22 years of age) dependent child meets the criteria to remain active in the Medi-Share program as defined in the Medi-Share Guidelines:

Section III. Qualifications for Participation

C. Adult Children of Participants

Unmarried adult children of Participants may be on the Medi-Share program until they reach age 23 if they meet one of the following qualifications:

- The child continuously lives at the home of his or her parent(s);
- The child is enrolled in an institution of higher education as a full-time student. The child may live away from home for school holiday recesses and a single period of up to 150 days between school terms per calendar year;
- The child is engaged in full-time Christian missions work;
- The child is enrolled and participating in Christian education programs; or
- The child is enrolled and participating in a certified technical school.

When an adult child no longer qualifies as a dependent, it is the responsibility of the participant to promptly notify Member Services at 800-264-2562. Continuing to submit the monthly share at the level that included the adult child does not extend their participation.

At the time of a need or if a bill is submitted for the adult child, verification of their dependent status may be requested. If it is found that an adult child does not meet the criteria as outlined above or in the current guidelines, any medical bills submitted will be considered ineligible for sharing.

Head of Household: _____ Household Number: _____

Adult Child Name: _____ Date of Birth: _____

School or Mission Organization Name: _____

School or Mission Organization Address: _____ Phone: _____

I certify that my adult dependent child listed above meets all the requirements for eligibility as an adult child.

Please answer all questions A to G.

A. 18 years of age or older Yes No

B. Unmarried Yes No

— and — (Check all that apply)

C. Lives at home full time Yes No

D. Is a full time student Yes No Anticipated graduation date (mm/dd/yyyy) ____ / ____ / _____

E. Involved in Christian missions work full time Yes No

F. Enrolled in a Christian education program Yes No

G. Enrolled in a certified technical school Yes No

I attest that the information shown above is true and complete. I understand that Christian Care Ministry reserves the right to ask for additional information as proof of the adult child's status. I agree to advise Christian Care Ministry promptly of any changes in my child's dependent status.

Parent/Guardian Signature: _____ Date: _____