

## Member Change Request Form

This form should be completed when an existing member experiences a life change event impacting dependent membership and/or has a change in their personal contact information. If a member has been terminated or wishes to terminate their Member Services or Medical Cost Sharing then you will need to complete a separate form, 'Discontinuation of Sedera Health Membership'.

Group Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Primary Member Name: \_\_\_\_\_

***Please complete the appropriate section:***

### Change in personal contact information (name, address, phone, email, etc.)

New Name (if applicable) \_\_\_\_\_  
 New address: \_\_\_\_\_  
 New City, State and Zip: \_\_\_\_\_  
 New phone: \_\_\_\_\_ New email: \_\_\_\_\_

### Dependent Changes

Name of dependent (First & Last)	Date of Birth	Gender (M/F)	Relationship to Primary Member (Spouse, Child)	Add (A) or Delete (D) from membership

Have any of these dependents used tobacco products within the past 12 months?      **Yes**      **No**

**Life Change Event (i.e. reason for changes)**

- |  |   |
|--|---|
| <input type="checkbox"/> Marriage                      | <input type="checkbox"/> Legal Separation / Divorce   |
| <input type="checkbox"/> Birth/adoption of a child     | <input type="checkbox"/> Death of spouse or dependent |
| <input type="checkbox"/> Acquisition of a foster child | <input type="checkbox"/> Other (please indicate here) |
| <input type="checkbox"/> Loss of coverage              | _____   |

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dependent(s) Addition  
Pre-Existing Conditions**

While member health status has no effect on eligibility for membership, there are limitations on the sharing of needs for certain conditions that existed prior to the membership effective date. Needs that do not qualify for medical sharing may still be met in part or in whole through Special Needs Sharing. (See Guidelines, Section 5.A. See Sections 6-9 of the Guidelines for a detailed list of shareable and non-shareable needs.)

In general, needs that result from a medical condition that existed prior to membership (known or producing observable symptoms) are only sharable if the condition appears to be fully cured and thirty-six (36) months have passed without any observable symptoms (either benign or deleterious), treatment, or medication, even if the cause of the symptoms is unknown or misdiagnosed. Additional limitations apply for specific medical conditions as indicated below. See Guidelines, Sections 7 – 8 and Appendix.

Have you or any person applying for membership on this application ever been diagnosed with or received medical treatment for either genetic defects or hereditary diseases? **Yes No**

In the past 36 months has the family member(s) being added to membership: 1) received treatment for any medical condition, 2) been diagnosed for a medical condition, or 3) exhibited any observable symptoms (9 months for pregnancy) for a medical condition that they have not been treated for?

**Yes No**

If yes, please list all conditions below. Please use one row per condition. Use additional sheet if necessary:

Applicant's Name:	List condition / ailment / injury:	Is treatment ongoing? (Y/N)	Is condition completely cured? (Y/N)	Date treatment ended (if applicable)

Please understand that needs requests for on-going treatment of any condition will not be shareable unless thirty-six (36) months have passed for the specific condition. Exceptions: 1) Limited sharing exists for prior medical conditions beginning in year two of membership. See Guidelines section 8.B. 2) Limited sharing applies to those who are pregnant upon joining Sedera. See Guidelines section 9.C.

I indicate my understanding of and agreement to the restrictions and terms stated above.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_