

Annual Membership Affirmation v1.01/2019

Commitments

01. I understand and Acknowledge

I understand that the Long Term Care Benefits Program (LTCBP) for the Sharing Members of Lifeline Alliance is not insurance but is a voluntary medical needs sharing program, and that there are no representations, promises, or guarantees that my eligible medical expenses will be shared. I also understand that sharing for medical needs does not come from an insurance company, but from the membership according to the Sharing Guidelines and Escrow Instructions.

I understand that acceptance into the membership is not an entitlement, but a privilege, based in part on the medical history information I provided on the application. I also understand that any medical condition that is inquired about but not disclosed on the application— whether meeting the definition of a pre-existing condition or not, and discovered after my membership became effective—will be treated as if it had been disclosed at the time of my enrollment date. I understand that any undisclosed medical conditions will be processed retroactively back to the effective date of my membership.

I understand that failure to uphold the Commitments and to abide by the Statement of Shared Beliefs describe herein may result in my medical needs becoming ineligible for sharing and my membership becoming inactive.

I understand that the Sharing Guidelines in effect on the date of service supersede any spoken or verbal communication and all previous versions of the Sharing Guidelines. I also understand that with notice to the general membership, the Sharing Guidelines may change at any time based on the preferences of the membership and decisions, recommendations, and approval of the Board of Directors.

I understand that the Sharing Guidelines are not a contract and do not constitute a promise or obligation to share, but instead are for reference for Lifeline Alliance to manage needs sharing among Sharing Members and to follow the Membership Escrow Instructions. I also understand that the Sharing Guidelines are part of and incorporated into the Lifeline Alliance application as if appended to it.

I understand that monthly contribution amounts are based on operating costs, medical needs, and the total number of members. I understand that monthly contribution amounts are calculated on a periodic basis as needed and are subject to change at any time. I also understand that my monthly contributions are voluntary and that I am not obligated in any way to contribute to the membership.

02. I agree live according to each item in the Statement of Shared Beliefs.

Our Statement of Shared Beliefs is as follows:

1. We believe in the ethical tenets and moral values of the Jewish Faith.
2. We believe we have an obligation to care for our family, friends, fellows, and community.
3. We believe it is our obligation to care for our own bodies by our own “clean living” lifestyle and encouraging other to live a healthy lifestyle.
4. We believe it is our spiritual and ethical duty to ourselves others to avoid foods, behaviors or habits that produce sickness or disease.
5. We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family or other valued advisors, free from government dictates, restraints and oversight.

These beliefs form the faith-based and ethical tenets for our interaction and relationship as a community.

03. I abide by the Commitments.

I have read and understand the Sharing Guidelines and accept them as the governing document for determining eligibility of my, or anyone else's medical needs submitted to Lifeline Alliance.

I further agree to hold Lifeline Alliance and its directors, officers, employees, representatives and service providers harmless, and to limit any dispute I may have over the eligibility of my, or anyone else's medical needs to the appeal procedure described in the Sharing Guidelines.

So as not to take advantage of my fellow members, I have answered all questions on my application in good faith, truthfully, completely and accurately.

In recognition of the voluntary nature of the membership, I hereby promise that in the event of a disagreement over the payment of my or anyone else's medical needs, my representatives and I will bring no legal claim, demand or suit of any kind for unpaid medical needs, but will follow the appeal and mandatory mediation procedure described in the Sharing Guidelines. I and my representatives also accept and appoint Lifeline Alliance as the final authority on the interpretation of the Sharing Guidelines and agree to indemnify and hold harmless Lifeline Alliance and its directors, officers, employees, representatives and service providers from any damages or expenses, including legal fees, arising from any breach of these promises, from any failure to follow the Sharing Guidelines, or from any failure to provide accurate, complete and honest information to Lifeline Alliance.

04. I issue the Escrow Instructions to Lifeline Alliance.

Each Member and all Members collectively appoint and direct Lifeline Alliance Corp as escrow agent to deposit in an escrow account at an accredited financial institution, all member to

member sharing contributions received for benefit of the membership. Those periodic member Sharing Contributions are then disbursed to enable peer to peer Long Term Care expense sharing on behalf of the Members pursuant to the following Escrow Instructions:

1) To pay operational expenses of Lifeline Alliance to enable the ministry to conduct the business required to share member to member contributions. Such operational expenses shall include Value Added Programs (or Addendums) including but not limited to the Member Reward Programs that encourage membership and promote long term Member participation and prioritization. Additionally, Lifeline Alliance may invest funds from the Escrow Account to enable investment returns sufficient to fund the future long term expenses of Sharing Members.

2) To share eligible long term care needs among members pursuant to Member Sharing Guidelines.

3) In the event of a membership withdrawal, and upon determination that funds held in escrow are sufficient to meet obligations in item 2 above, then any residual member funds will be distributed to a qualified charity.

Lifeline Alliance is acting as a neutral Escrow Agent. Funds disbursed for eligible shared long term care needs are withdrawn from the Members' Escrow Account. Lifeline Alliance may deposit or otherwise hold the escrowed contributions in one or more bank accounts with escrowed contributions from other members, until disbursed pursuant to these instructions. Interest or other earnings on the escrowed contributions shall accrue and be disbursed pursuant to these instructions. Lifeline Alliance shall not be obligated to invest the funds in the Members' Escrow Account. However, if these funds are invested, Lifeline Alliance shall not be liable for substandard returns or any losses.

As a condition of receiving and disbursing the escrowed contributions, Lifeline Alliance as Escrow Agent, must provide the membership annually upon request, a list of the long term care expenses of "de-identified" (assuring no disclosure of Protected Health Information, or PHI) members who received contributions. Additionally, any investments by the Escrow Agent are limited to investment grade or safe haven investments through accredited brokerage institutions. Such investment accounts shall maintain strict fiduciary custodianship linkage with the escrow account and "chain of custody" accounting of all transactions available for review by the membership at all times.

05. I understand that Lifeline Alliance is not insurance.

I understand that Lifeline Alliance is NOT an insurance company nor is the membership offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any State Insurance Code.

Affirmation:

I accept and affirm the above numbered Commitments.

Member Name: _____ Member ID#: _____

Signature: _____

Date: _____

Please return by mail, email or fax:

Lifeline Alliance Corp. 456A Central Ave. Suite #157 Cedarhurst, NY 11516

Email: support@lifelinealliance.org

Fax: 800.984.5524