

Level Change Request Form

Please be advised that the level change must be requested in writing via email, fax, mail or text. The level change will be effective on the 1st day of the following month. If you have pending medical bills, please contact the Needs Processing Department (Ext. 5003). For the information about each level, click [Level Summary](#).

레벨 변경 시 아래의 'Level Change Request Form'을 작성하여 이메일, 팩스, 우편 또는 문자(SMS)로 보내주십시오. 현재 진행 또는 미접수 의료비가 있다면 의료비 지원부(Ext. 5003)로 문의하시기 바랍니다. 각 레벨 비교는 [레벨 설명표](#)를 눌러 참고하십시오.

Level Change Request Form																											
1	I want to change the Membership for (변경 희망 회원)	Entire Family (가족 전체)	Yes (<input type="checkbox"/>)	Individual (가족 일부)	Yes (<input type="checkbox"/>)																						
		MEMB ID (회원 번호):			Name:																						
		Cell Phone:			Email:																						
2	Current Level (현재 회원 레벨)	Desired Level to Change (변경 희망 레벨)																									
3	Desired Start Month of New Level (변경 희망 월)																										
4	Reason for Change (변경 사유)																										
5	Do you have any medical bills that are currently in sharing process or not submitted yet? (현재 진행 중 또는 미접수 의료비가 있습니까?)				Yes (<input type="checkbox"/>) / No (<input type="checkbox"/>)																						
6	<p>▪ Level Downgrade, 하향 변경 시:</p> <ol style="list-style-type: none"> Eligibility of sharing will be applied by the downgraded level immediately regardless of the date of medical service. 의료비 나눔 범위는 의료 서비스를 받은 날짜와 상관없이 변경 월부터 하위 레벨이 즉시 적용됩니다. For any current ongoing sharing request, the membership needs to be maintained at the upper level for the duration of the processing period of 30-60 days to be eligible to share at the upper level. 현재, 상위 레벨에서 진행 중인 의료비가 있다면 진행 소요시간을 감안해 상위 레벨을 30~60일 동안 유지해야 상위 레벨에 해당하는 의료비 나눔을 받을 수 있습니다. <p>▪ Level Upgrade, 상향 변경 시:</p> <ol style="list-style-type: none"> The medical expenses for a new illness or accident incurred after the level upgrade will be shared at the upper level. 상위 레벨로 변경 후 발생한 새로운 질병이나 사고로 인한 의료비는 상위 레벨로 적용됩니다. If there was any symptom, diagnosis, treatment during lower level, it is considered as Pre-Join Conditions I & II, and the illness will be shared accordingly as below. ('Yearly Sharing Range' is based on the effective month of the level change) 하위 레벨에서 가입 전 1, 2에 해당하는 질병의 증상, 진단, 치료가 있었다면, 상위 레벨에서 다음과 같이 적용됩니다. (연차는 변경 월 기준) <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #d9ead3;"> <th></th> <th style="text-align: center;">First Year 1년차</th> <th style="text-align: center;">Second Year 2년차</th> <th style="text-align: center;">Third Year 3년차</th> <th style="text-align: center;">Fourth Year 4년차</th> <th style="text-align: center;">Fifth Year 5년차</th> <th style="text-align: center;">Illness/total 질병당/총액</th> </tr> </thead> <tbody> <tr> <td style="font-size: small;">Pre-Join Conditions I 가입 전 질환1</td> <td style="text-align: center;">\$ 15,000</td> <td style="text-align: center;">Add'l \$ 10,000</td> <td style="text-align: center;">Add'l \$ 25,000</td> <td style="text-align: center;">Add'l \$ 100,000</td> <td></td> <td style="text-align: center;">\$ 150,000</td> </tr> <tr> <td style="font-size: small;">Pre-Join Conditions II 가입 전 질환2</td> <td style="font-size: x-small;">Per Previous Level Guidelines 변경 전 레벨 적용</td> <td style="text-align: center;">\$ 15,000</td> <td style="text-align: center;">Add'l \$ 10,000</td> <td style="text-align: center;">Add'l \$ 25,000</td> <td style="text-align: center;">Add'l \$ 100,000</td> <td style="text-align: center;">\$ 150,000</td> </tr> </tbody> </table> <ol style="list-style-type: none"> 하위 레벨에서 진행 중인 심장병과 암은 완치 후 5년까지 하위 레벨로 적용됩니다. Ongoing heart illness and cancer at a lower level will be shared according to the provisions of that level up to 5 years after a full recovery. Any current ongoing medical expense sharing incurred at the lower level will be shared within the lower level. 현재, 하위 레벨에서 진행 중인 의료비가 있다면 하위 레벨이 적용됩니다. 							First Year 1년차	Second Year 2년차	Third Year 3년차	Fourth Year 4년차	Fifth Year 5년차	Illness/total 질병당/총액	Pre-Join Conditions I 가입 전 질환1	\$ 15,000	Add'l \$ 10,000	Add'l \$ 25,000	Add'l \$ 100,000		\$ 150,000	Pre-Join Conditions II 가입 전 질환2	Per Previous Level Guidelines 변경 전 레벨 적용	\$ 15,000	Add'l \$ 10,000	Add'l \$ 25,000	Add'l \$ 100,000	\$ 150,000
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7	Signature				Date																						

Email: msd@cmmlogos.org, SMS (문자): 803-408-5512

*CMM is not an insurance company.

At the present time your plenty will supply what they need, so that in turn their plenty will supply what you need. The goal is equality. (2Corinthians 8:14)

Christian Mutual Med-Aid (CMM) is a not-for-profit organization established in 1996 and federally recognized as a 501(c)(3). CMM is a Biblically-based health care sharing ministry through which Christians share God's blessings by sharing the cost of one another's qualifying medical expenses. As such, CMM is not an insurance company and should not be referred to or considered as a substitute for any other type of health or medical insurance. * Member is personally liable for payment of their medical bills.