



Christian Healthcare Ministries

The biblical solution to healthcare costs

127 Hazelwood Avenue • Barberton, Ohio 44203
330-848-1511 phone • 800-791-6225 toll free • 330-848-4322 fax
www.chministries.org

Brother's Keeper program

Brother's Keeper is a successful, Bible-centered program that enables participants in Christian Healthcare Ministries (CHM) to meet medical needs that exceed the \$125,000 limit per medical incident specified in the CHM Guidelines.

The rising cost of medical bills has made Brother's Keeper a blessing to thousands of Christians in the United States and around the world. One example is Shari Jeschke of McKinney, Texas:

*"Midway through my pregnancy with my fourth child, I was counseled to abort the pregnancy because of my acute heart condition. We refused. On August 3, 1994, our baby boy, Kendal, was born, healthy and strong! However, six months later, on my 34th birthday, because of my badly diseased heart, I received a heart transplant. Our medical bills amounted to over \$425,000. **Bills are still coming in, and Brother's Keeper is here to help us bear our financial load.**"*

Shari and thousands of other believers are using Brother's Keeper to provide for their medical needs. Here's how it works:

- Carefully read and fill out the Brother's Keeper application and mail it to P.O. Box 29, 127 Hazelwood Ave., Barberton, OH, along with the \$40 annual fee.
- Signing up for Brother's Keeper gives you an additional \$100,000 of medical assistance. With each annual Brother's Keeper renewal, you will receive an additional \$100,000 of assistance. In nine years, this builds to \$1,000,000 per incident as outlined in the Christian Healthcare Ministries Guidelines.
- For medical needs exceeding \$125,000, Brother's Keeper participants are asked to send a designated gift amount to the CHM office, where it will be deposited in an audited escrow account. Sharing of these needs occurs quarterly and the average amount you will be asked to send is \$25 per membership unit.
- You and other Brother's Keeper participants will be sent a quarterly Brother's Keeper newsletter containing a list of medical needs exceeding \$125,000. Participants are asked to send cards and letters of encouragement to listed individuals.

We invite you to become part of this ministry of caring, concerned and compassionate fellow Christians. Please contact the CHM office at 1-800-791-6225 if you have any questions regarding this program. We will gladly answer them. We look forward to serving you.

"Am I my brother's keeper?" For participants in this ministry, the answer is yes. And thousands of Christians are benefiting. Perhaps one of them should be you.

In His Service,
Norma Mull
Brother's Keeper Coordinator

Brother's Keeper Application

Web version



Christian Healthcare Ministries Galatians 6:2, Acts 2 & 4

Step 1: Participant information

Your CHM #:

Make my Brother's Keeper start date (mm/yy):

Step 2: How many units?

(See CHM Guidelines for a detailed explanation of units.)

- One unit:** One qualifying person
- Two units:** Any two qualifying immediate family members
- Three units:** Three or more qualifying immediate family members

Step 3: Your contact information...

Last name	First name	MI	<input type="checkbox"/> M or <input type="checkbox"/> F	Home phone	Work phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	Social Security #	Address		Apt. #	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
City	State	Zip code	Spouse participating at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Spouse name	Social Security #	Date of birth			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

Step 4: Your dependent children...

First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No

First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
First name	Social Security #	Date of birth	College?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Continued on a separate page:			<input type="checkbox"/> Yes / <input type="checkbox"/> No

Step 5: Commitment

You and other Brother's Keeper participants will be sent a quarterly Brother's Keeper newsletter containing a list of medical needs exceeding \$125,000. Participants are asked to send a designated amount to the CHM office's audited Brother's Keeper escrow account, from which medical needs are paid.

By signing below, I understand that the qualifications and guidelines of the Brother's Keeper program follow the qualifications and Guidelines established by Christian Healthcare Ministries.

Signed _____ Date _____
Spouse _____ Date _____

If contributing by check or money order:

Please make checks or money orders for \$40.00 payable to Brother's Keeper. Send your check or money order along with your completed application.

If contributing by credit card:

Type of credit card (circle one):	Card number
<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard / <input type="checkbox"/> Discover	<input type="text"/>
Exp. date	
<input type="text"/> / <input type="text"/>	

Please do not send cash.

Return form to: Christian Healthcare Ministries
Attn: Brother's Keeper

PO Box 29
127 Hazelwood Ave.
Barberton, OH 44203

Questions?
330-798-5233 or 800-791-6225 ext. 5233
330-798-6100 fax • nnull@chministries.org
www.chministries.org