

Mr./Mrs. _____, my name is _____. Because you have agreed to purchase today, you have been transferred to me from your agent _____ who is an authorized insurance agent in your state. Today we will be verifying your purchase and ensuring that you understand some of the specifics and information pertaining to enrolling in Aliera Healthcare, which includes membership in a health care sharing ministry named Unity HealthShare.

In order to proceed, we will require this conversation to be recorded for compliance purposes as well as to serve as a permanent verification record of your membership application and enrollment – **Do you consent to moving forward?** (If yes, proceed with Verification Script. If not, sale cannot proceed; send caller back to agent.)

1. Today is _____ (*today's date*) and the time is _____ (*time*).
2. Can you please state your Full Name, and Address?
3. **[Confirm]** - Are you a resident of the United States?
4. **[Confirm]** – Is your date of birth _____ and the last four numbers of your social security number are _____?
5. **[Confirm]** - You understand that you have chosen to enroll in Aliera Healthcare and Unity HealthShare, and that these programs share costs relating to primary, urgent, and preventive care, and limited hospitalization care for you and your family. **Do you understand?**
6. **[Confirm]** – Aliera Healthcare and Unity HealthShare are **not insurance** companies, and they do not provide insurance coverage. They are **NOT** intended to be a replacement for comprehensive health coverage, or for any subsidized plans, or for plans you are eligible for through Healthcare.gov. **Do you understand?**

The Hospital component of your health care sharing membership is provided by Unity HealthShare, which is a faith-based medical-need sharing membership. Medical needs are only shared by the members according to the membership guidelines. This membership does not guarantee or promise that your eligible medical needs will be shared by the membership. It makes no assumption of risks. If the membership is unable to share in any of your eligible medical needs, you will remain financially liable for any unpaid medical bills. **Do you understand?**

7. **[Confirm]** - This membership exempts you from the ACA Individual Mandate penalties for as long as you are member, and that you must submit a completed form 8965 with your annual tax filing in order to claim the exemption? **Do you understand?**
8. **Please confirm the following statements with a 'Yes' or 'No';**
 - Do you understand that there is a 24-month pre-existing condition exclusion for hospitalization in which the membership does not share on any medical needs for any condition you've been treated for, received medical advice for, taken prescriptions for or had any surgery for in the past 24 months prior to joining the membership?
(Wait for Answer)

- Do you understand that annual physicals **are** available **any time** after 9 months **from** the effective date? *(Wait for Answer)*
- Do you understand that Specialist Care services are available only on the Premium Plans. If you purchase any other plan, you are considered a self-pay patient if you visit a specialist provider? *(Wait for Answer)*
- Do you understand that as a member you are required to first call the telemedicine provider and if they cannot help you, then you must call the Alera Healthcare Concierge line to schedule an appointment with a local PPO provider? *(Wait for Answer)*
- Do you understand that all members are required to activate their Alera and Telemedicine accounts prior to using the plan? *(Wait for Answer)*

9. **In order to qualify, please confirm the following:**

Because of the beliefs listed in the Unity HealthShare Statement of Beliefs, members agree to the following to qualify:

Our Statement of Beliefs is as follows:

1. **We believe that our personal rights and liberties originate from God and are bestowed on us by God.**
2. **We believe every individual has a fundamental religious right to worship God in his or her own way.**
3. **We believe it is our moral and ethical obligation to assist our fellow man when they are in need according to our available resources and opportunity.**
4. **We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors or habits that produce sickness or disease to ourselves or others.**
5. **We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family or other valued advisors.**

Do you and any members enrolling today agree to honor these Statements of Beliefs in your daily life?
[Wait For Answer] **[If YES]**, Great! **[If NO]**, end call and recording.

I am going to read a statement and at the end will you confirm you understand and agree?

The Hospital component of your health coverage is provided by Unity HealthShare which is a faith-based medical-need sharing membership. Medical needs are only shared in by the members according to the membership guidelines. Members agree to voluntarily submit monthly contributions (monthly membership fees) into an escrow account with Unity HealthShare acting as a neutral escrow agent between members.

This is not a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical needs to other members as outlined in the membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in an escrow account, not from Unity HealthShare. **Do You Understand?**

10. Today you are purchasing:
 - a. Identify Plan they selected: **(ex. AlieraCare 7500 Plus Plan)**
 - b. Identify who they are covering in the plan: **(ex. You selected the family plan which covers you, your spouse and children)**
11. **[Confirm]** – Do you acknowledge that the plan you are purchasing:
 - a. Costs \$ _____ per month?
 - b. Has a one-time **\$125** enrollment fee?
 - c. Making this an initial one-time deduction of \$ _____?
12. **[Confirm]** – Do we have your permission to draft your bank checking account or debit your credit card account today (*today's date*) for this initial deduction of \$ _____? (Bank draft is preferred) **Yes or No**
13. **[Confirm]** – Do you agree that hereafter, your monthly plan renewal cost will be \$ _____? and we have your permission to automatically draft your checking account or charge your debit card and all subsequent payments 5 days prior to the monthly renewal date? **Yes or No**
14. **[Confirm]** - Do you agree that you have applied for an effective date of the (*1st or 15th of _____*) and that the membership will begin on that date? **Yes or No**
15. Are you the holder of the credit card/debit card or bank account? Ask them for bank information.
[No]: Please place the account holder on the phone to verify the account information. **[Once they are on]** Please confirm the last 4 digits of your cc#, exp. Date, & cvv code / rt # & last four digits of your bank account number (Listen carefully)

[Yes]: Please confirm the last 4 digits of your cc#, exp. Date, & cvv code / rt # & last four digits of your bank account number (Listen carefully)
16. **[Confirm]** – Please confirm that you understand that all the benefits & billing for your Aliera Healthcare and Unity HealthShare program are completely separate from and have no association with any other product, service, package or bundle. – **Yes or No**

Mr./Mrs. _____, this concludes our verification process, we will process your application today.