



AmeriCorps Health Insurance Request Form

As an AmeriCorps member, health insurance is offered to the member during their year of service. If you are covered under another policy, it is not necessary to be enrolled in our program.

Any attempts to receive health insurance under another policy and AmeriCorps is prohibited.

Medical Insurance Requested YES NO

Signature

Date

I have been offered coverage under the NASCC/AmeriCorps medical plan, but I am declining coverage because I am covered by another plan as a subscriber or dependent.

Insurance Company _____ Coverage # _____
(please provide a copy of insurance card)

I also understand that the only reason I will be able to obtain coverage under this plan in the future is if through no fault of my own, I lose coverage and I apply to the plan within 31 days of the loss.

Signature

Date