



WARS AmeriCorps Program

HEALTH INSURANCE REQUEST

Full-time AmeriCorps members are eligible to receive health insurance while actively serving in the AmeriCorps program. This insurance is available if the member is currently not enrolled in another health insurance plan, and covers only the member, and not others in the family.

I request enrollment in the AmeriCorps Health Insurance Plan. I understand that this insurance only covers myself, and not other family members. I verify that I am not currently enrolled in another health insurance plan.

Member signature

Date

Program Director

Date

HEALTH INSURANCE WAIVER

I waive enrollment in the AmeriCorps Health Insurance Plan with the understanding that if my situation changes, I can later request enrollment during my term of service in the AmeriCorps program.

Member signature

Date

Program Director