**Health Care Acceptance/Waiver Form**

AmeriCorps programs must provide, or make available, healthcare insurance to those members serving a 1700-hour full-time term who are not otherwise covered by a healthcare policy at the time the member begins his/her term of service.

The recipient must also provide, or make available, healthcare insurance to members serving a 1700-hour full-time term who lose coverage during their term of service as a result of service or through no deliberate act of their own. CNCS will not cover healthcare costs for dependent coverage.

Please select **one**:

\_\_\_\_\_ I am accepting the healthcare insurance provided through [***The Program***]. I verify that I am not otherwise covered by a healthcare policy at the time I begin my term of service.

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| --- | --- |
| Healthcare Insurance Effective Date: |  |
| Healthcare Insurance End Date: |  |

\_\_\_\_\_ I am declining the healthcare insurance provided through [***The Program***], effective the signature date. I verify that I am covered by a Minimum Essential Coverage compliant healthcare policy through one of the following options: staying on parents’ or spouse plan; insurance obtained through the Federal Health Insurance Marketplace of at least the Bronze level plan; insurance obtained through private insurance broker; Medicaid, Medicare or military benefits. I have provided [***The Program***] with documentation of my healthcare insurance. I understand I am required to maintain healthcare insurance, and if I lose my current coverage during my term of service as a result of service or through no deliberate act of my own, I must notify [***The Program***]. I understand that if I decline healthcare coverage, I am not entitled to receive that portion of the health care benefit that I elected to forego during the waiver period.

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| Member Name |  |  | Date |
|  |  |  |  |
| Member Signature |  |  |  |