AmeriCorps Full-Time Member[[1]](#footnote-1)

Health Care and Child Care Enrollment/Waiver Form

*Please Sign and Return*

Health Care:

\_\_\_\_ Enroll me in the program’s health care plan.

\_\_\_\_ *Do not* enroll me in the program’s health care plan, as I have other health coverage.

\_\_\_\_ *Do not* enroll me in the program’s health care plan, even though I *do not* have other health coverage.

Child Care:

\_\_\_\_ I am interested in pursuing enrollment in the AmeriCorps\*State child care benefit.

\_\_\_\_ I am *not* interested in the AmeriCorps\*Statechild care benefit.

Member Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required to check one option under each section.

1. May also be used for Less than Full-Time Members serving in a Full-Time Capacity. [↑](#footnote-ref-1)