



**VERMONT
YOUTH
CONSERVATION
CORPS**

Health Care Acceptance/Waiver

For all funded FT 1700 hour Members

Vermont Youth Conservation Corps has offered _____, the option of Health Insurance. Please select **one**:

I am accepting the healthcare insurance provided through *Vermont Youth Conservation Corps*. I verify that I am not otherwise covered by a healthcare policy at the time I begin my term of service.

Healthcare Insurance Effective Date: _____

OR

I have other coverage and am waiving my right to *Vermont Youth Conservation Corps* provided insurance. 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 *Vermont Youth Conservation Corps* 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 *Vermont Youth Conservation Corps*. 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.

Signature of Member

Date

A COPY OF YOUR INSURANCE CARD OR A LETTER FROM YOUR INSURANCE CARRIER MUST BE ATTACHED.

5/30/17



**VERMONT
YOUTH
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CORPS**

Childcare Option

For all FT 1700 hour Members

Vermont Youth Conservation Corps has offered the option of Childcare to _____.

If an AmeriCorps member qualifies, a child care allowance will be provided by the Corporation's Child Care Administrator directly to the AmeriCorps member's child care provider through <https://www.americorpschildcare.com/>

As outlined in §2522.250 an AmeriCorps member is eligible for child care benefits if he or she:

- Is the parent or legal guardian of, or is acting in loco parentis for, a child under 13 years of age who resides with him/her;
- Needs child care in order to participate;
- Is not receiving child care from another available source, including a parent or guardian, which would continue to be provided while the participant serves in the program; and
- Has a family income that does not exceed 75 percent of the State's median income for a family of the same size.

Please select **one**:

I would like this option for my child/children*

Child care Effective Date: _____

*Proof of childcare enrollment must be attached.

OR

I am not accepting/I do not qualify for the child care allowance.

Signature of Member

Date