



AmeriCorps Health Plan & Childcare Options Form



Montana Campus Network for Civic Engagement (MCNCE) is committed to the safety, health and well-being of our AmeriCorps members. With the advent of the Affordable Care Act in 2014, it is assumed everyone has enrolled in a health care plan through either his or her employer, parent or spouse, through HealthCare.gov, or other government or non-government entity by March 31, 2019. Please research the healthcare options available to members for your service term, and choose the option below that fits your needs and interests best.

More information can be found [here](#).

I elect for the following health insurance plan option:

Option 1: Family, Spouse, or Other Independent Health Plan

Under the Affordable Care Act, most members are eligible to stay on their parent or guardian’s health insurance plan until their 26th birthday. Members may also elect to enroll in coverage through a spouse’s employer or may already have insurance they are paying for or is provided to them by a government or non-government entity. In this case, MTCC does not pay any portion of the premium directly and does not provide any reimbursement to the member. Members must attach proof of insurance to this form, which may include a copy of their current and valid insurance card.

Option 2: I have, or am already eligible for Medicaid through an Individual Health Plan via HealthCare.gov

Member may be on Medicaid, or is eligible to enroll in an Individual Health Plan for Medicaid (Note: Many recently graduated college students may be eligible for Medicaid). In this case, MTCC does not pay any portion of the premium directly and does not provide any reimbursement to the member. Members must attach proof of insurance to this form, which may include a copy of their current and valid insurance card.

Option 3: The Corps Network AmeriCorps Health Plan

All AmeriCorps members are eligible to enroll or remain enrolled in The Corps Network Health Plan health insurance plan. MTCC pays 100% of the monthly premium cost directly to the provider for members during the service term. At this time, this health plan does meet the Minimum Essential Coverage (MEC) requirements set forth by the Affordable Care Act (ACA). If this option is selected, no additional documents are required and the member will be enrolled or remain enrolled in the plan.

I also agree to notify MCNCE if my health plans enrollment changes or terminated during my service term.

Child Care Benefits: Click all that apply below

The AmeriCorps Child Care Benefit Program is available for qualified, active, full-time AmeriCorps State and National Members who need the benefit to serve. To learn more about this benefit and eligibility requirements visit <https://americorpschildcare.com/index.cfm?tab4>

I intend to apply for AmeriCorps Child Care Benefit and agree to update the MCNCE Office if I am eligible/utilizing the AmeriCorps Child Care benefit.

I will NOT be applying for the AmeriCorps Child Care Benefit.

Member Name: _____

Signature _____

Date _____