



AmeriCorpsBenefits

★ ★ ★ ★ ★ Benefiting Those Who Work for the Benefit of Others!

REQUEST FOR GROUP INSURANCE

PART A - GRANTEE INFORMATION

1. Name of AmeriCorps Grantee Organization:

2. Address of AmeriCorps Grantee Organization:

Address

City, State, Zip

3. Tax Identification Number:

PART B - GRANTEE ORGANIZATION'S CONTACT INFORMATION

1. Name of Contact:

2. Title:

3. E-mail Address:

4. Telephone Number:

5. Fax Number:

PART C - PLAN SELECTED (Choose Only One Plan):

Plan 1

\$110 per Volunteer per Month

Plan 2

\$150 per Volunteer per Month

PART D - NUMBER OF VOLUNTEERS COVERED UNDER THE PLAN:

PART E - DESIRED EFFECTIVE DATE:

____ / **01** / ____
MM DD YYYY

SIGNATURE OF AUTHORIZED PERSON

____ / ____ / ____
MM DD YYYY

PLEASE PRINT NAME HERE

TITLE