



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 1a

\$110 per Volunteer per Month

Plan 2a

\$150 per Volunteer per Month

Plan 1b

\$132 per Volunteer per Month

Plan 2b

\$180 per Volunteer per Month

PART E - NUMBER OF VOLUNTEERS COVERED UNDER THE PLAN:

PART F - DESIRED EFFECTIVE DATE:

____/01/____
MM DD YYYY

SIGNATURE OF AUTHORIZED PERSON

____/____/____
MM DD YYYY

PLEASE PRINT NAME HERE

TITLE