



Health Insurance Registration with The Corps Network

**Full time AmeriCorps Members Only*

RefugeeRISE AmeriCorps Program provides health insurance for *Full time* members through The Corps Network and Cigna. To register for the plan please fill out the form. For more information on benefits visit www.refugeeriseiowa.org/members.html.

Should a member choose to use their own insurance, they will need to provide proof of their insurance and sign the waiver on the next page.

Last Name _____ First Name _____ Middle Initial _____

Gender _____

Date of Birth _____

Social Security Number _____

Address _____

City _____

State _____

Zip _____

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CORPSMEMBER WAIVER OF COVERAGE FORM

Please note: A photocopy of your ID card from your other insurance carrier must accompany this form.

Name of Group

Group #

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Name of Participant

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Date of Birth

Social Security #

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I have been offered coverage under The Corps Network Health Plan, but I am declining coverage that is provided at no cost to me, because:

I am already covered by another plan as a subscriber or a dependent.

Insurance Company _____ Policy # _____

Other: Please Explain _____

I understand that to obtain coverage under this plan in the future I must lose my other coverage through no fault of my own, and apply for the plan within 31 days of the loss.

Signature

Date