



Corporation for National & Community Service (CNCS)

My AmeriCorps Portal User Guide – Release 1

May 2007

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1.0 Introduction

1.1 Document Overview

Purpose

A system is only a success if the users fully understand the functionality and how to maximize its benefits. A detailed User Guide provides the details necessary to use the system as it is intended.

Audience

The audience for this document includes the internal staff for three AmeriCorps programs: **AmeriCorps State and National, VISTA and NCCC**. Based on program requirements, the primary users of this Guide will be **State Office** and **NCCC regional (campus) staff**. However, it will be accessible and relevant to a number of other stakeholders, including CNCS headquarters staff for all three programs.

Contents

This document will provide an overview, step-by-step instructions and screen shots for **Release 1 functionality**. The first part of the User Guide covers how staff will view and use the Portal (for example, looking up member information), and the second section covers how members view the site so that staff can provide guidance and help members use it properly.

Release Definition

The My AmeriCorps portal will be implemented in an incremental fashion. What this means is that what the member and staff can do will change and expand over time. This User Guide will be updated to reflect the functionality of each iteration or “release.” There will be three releases, with each release building onto the previous release. **Release 1 processes will be in effect from May of 2007 through October of 2007.**

It is important to remember that for Release 1, there will be steps that staff will have to complete that will no longer be necessary for subsequent releases. This will be reiterated on the Staff Process pages.

1.2 Process and Functionality Overview for Release 1

Release 1 focuses on automating administrative forms used by members during the enrollment process and during their term of service.

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 - 2.2.1 Member Financials
 - 2.2.2 In-Service Benefits
 - 2.2.3 Education Award
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3.0 Member Views and Processes

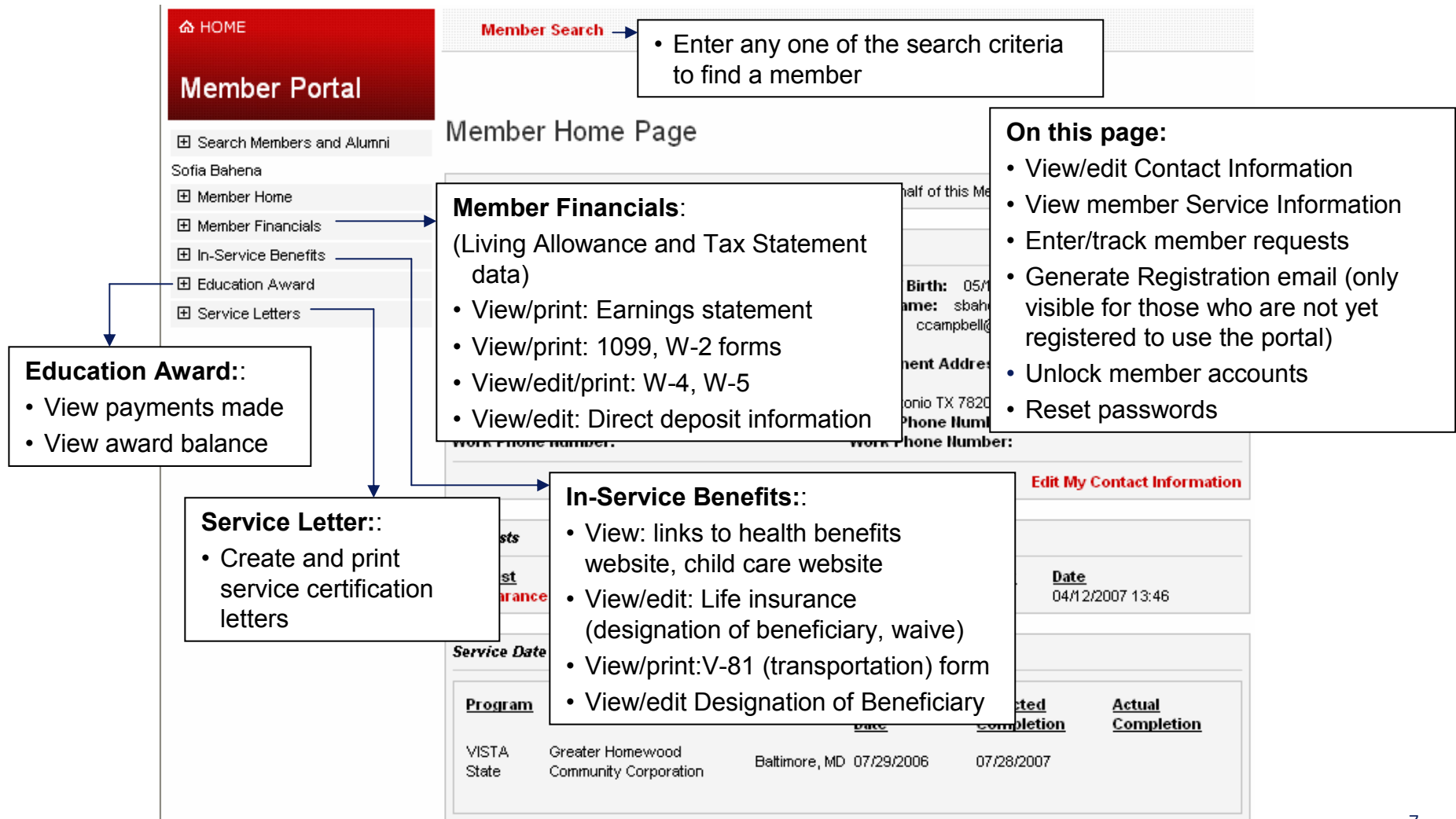
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2.0 Staff Views and Processes

2.0 Overview of Functions/Home Page

Staff will have the ability to perform tasks across members. A subset of staff will have the ability to perform tasks associated with individual members. If you have password issues, you will need to contact your administrator in the State Office or on Campus.



2.1 Staff View: Member Search

Overview: Staff will use their eSPAN username to log into the portal from the Intranet. In order to access the member-specific functions, staff will need to first conduct a search for the member.

Process

1. Log into the My AmeriCorps portal by entering your eSPAN username and password.
2. Enter data into one or more of the fields of the Search screen.
3. Click “Search.”
4. View Results. If multiple results are found, select member from the list.

Hint: You can sort the results list by clicking on the column headers.

Login

1.

Please enter your username and password.

^ Username:
^ Password:
[login](#)
[Forgot your Password?](#) | [Login Help](#)

Search Members and Alumni

2.

To search for a member use the fields below and click the search button.

HSPID:
First Name:
Last Name:
Date of Birth: (mm/dd/yyyy)
SSN: eg. 123456789
[search](#)

3.

4.

Results 1 Through 10
Your search returned 4573 results.

Name	Street Address	City	State	Zip
Michael L. Smith		E. St. Louis	IL	62203
Amanda P. Smith-Hatch		Ontario	ME	04769
Twanda S. Smith		Lambert	MS	38643
Nathaniel Smith		Americus	GA	31709
Carnisha A. Smith		Harrisburg	PA	17104
Geraldine M. Smith		Lake Village	AR	71653

2.2 Staff View: Editing Member Information

Overview: When possible, members should be directed to the portal to complete tasks themselves with your guidance. If they do not have access to a computer, then the following pages will help you to perform these tasks for them.

Staff may be asked by members to view and edit their information or forms. The process below can be used for any of the applicable pages.

Process

1. Log-in and search for the member.
2. Choose applicable page:
 - Financial Information
 - Benefits
 - Trust
3. Click on **links** to view or edit information.
4. Save/submit changes.
5. Return to previous page.
6. Return to Home Page.

2.2.1 Staff View: Financial Information

Member Information

Name: Sofia Bahena
HSPID: 476058
SSN:

Date of Birth: 05/17/1984
User Name: sbahena
E-mail: ccampbell@cns.gov

Payment Address:

Baltimore MD 21218
Home Phone Number:
Work Phone Number:

- View/print: Earnings statement
- View/print: 1099, W-2 forms
- View/edit/print: W-4, W-5
- View/edit: Direct deposit information

Pay Statements

Click [here](#) to view your most recent Pay Statement.

[View previous pay statements](#)

Direct Deposit Information

You have not completed the Direct Deposit form. Please click 'Edit' to complete the form now.

[Edit Account Information](#)

Federal Tax Withholding

Federal Income Tax Withholding (W-4 Elections) ?

Allowances : 2

Marital status : Married, but withhold at higher Single rate

Additional Amount Withheld :

[Change W-4 Elections](#)

Advanced Earned Income Credit (W-5) ?

You have claimed eligibility to receive advanced EIC for 2008

[Apply for AEIC](#)

End Year IRS Reporting

W-2 End Year Wage Statements ?

A W-2 form will be made available to you by January 31 of each year showing the amount of your earnings from the Corporation and the amount of federal taxes withheld for the preceding calendar year. When you do your taxes, you need to include a copy of the W-2 for that year.

- 2006

1099 End Year Tax Statements ?

The Internal Revenue Service (IRS) has determined that payments from the Eli Segal Education Award and interest payments made on behalf of a member during a particular calendar year are considered taxable income in that year. These payments (if totaling more than \$600 in the year) are reported to the IRS and you will receive a 1099-MISC IRS form. The amount stated on the 1099 must be included as income on your tax return.

Sorry, there is no 1099 information filed with the system at this time.

Unpaid Compensation Information

As a VISTA, you must designate whom you wish to receive your unpaid compensation should you pass away before the end of your term of service. Please click the link below to print out the applicable form.

[Designation of Beneficiary of Unpaid Compensation](#)

2.2.2 Staff View: In-Service Benefits Page

Member Search

- View: links to health benefits website, child care website
- View/edit: Life insurance (designation of beneficiary, waive)
- View/print: V-81 (transportation) form
- View/edit: Designation of Beneficiary for Unpaid Compensation

Benefits Home Page

Health Care ?

Your health care benefits are administered by SevenCorners. For more information on the coverage visit the **Seven Corners website**

Child Care ?

Child Care benefits are provided to qualifying members. To qualify you must have children under the age of 13 and you must be determined eligible based on certain income guidelines. Child Care benefits are administered by the National Association of Child Care Resource & Referral Agencies (NACCRRA). For more information or to see if you qualify, visit the **NACCRRA website**

Loan Forbearance ?

2.2.3 Staff View: Education Award

Member or Alum Contact - Click here to create a request on behalf of this Member or Alum

End of Service Option - To select End of Service option,click here

Information

Name: Sofia Bahena
IISPID: 476058
SSIH:

Date of Birth: 05/17/1984
User Name: sbahena
E-mail: ccampbell@cns.gov

Mailing Address:
 San Antonion TX 78201 - 1235
Home Phone Number:
Work Phone Number:

Permanent Address:
 San Antonio TX 78201 - 112
Home Phone Number:
Work Phone Number:

[Edit Profile](#)

Requests

<u>Request</u>	<u>Status</u>	<u>Reason</u>	<u>Modifier</u>	<u>Date</u>
Forbearance	Pending Institution Action		sbahena	04/12/2007 13:46

Account Statement

Award Information

<u>Award ID</u>	<u>Award Type</u>	<u>Amount</u>	<u>Amount Disbursed</u>	<u>Balance</u>	<u>Approval Date</u>
					Award Balance: \$0.00
					Available Balance: \$0.00

Award Balance: \$0.00
 Available Balance: \$0.00

Payment Information

<u>Payment ID</u>	<u>Amount</u>	<u>Schedule Date</u>	<u>Request ID</u>	<u>Cancel Date</u>	<u>Institution Name</u>	<u>City/State</u>

Total Payments: \$0.00

Service Date

<u>Assignment Date</u>	<u>Program</u>	<u>Organization</u>	<u>City</u>	<u>State</u>	<u>Expected Completion</u>	<u>Actual Completion</u>
07/29/2006	VISTA State	Greater Homewood Community Corporation	Baltimore	MD	07/28/2007	

- View payments made
- View award balance

2.2.4 Staff View: Service Letters

Participant Information

Name: Sofia Bahena **Date of Birth:**
HSPID: 476058 **SSII:** *****2720
E-mail: ccampbell@cns.gov

Payment Address:
Baltimore MD 21218
Home Phone Number:
Work Phone Number:

^ Service Term:
Please Select ▼

^ Letter Type:
Please Select ▼

Type name and address of recipient:

- Create and print service certification letters



3.0 Member Views and Processes

3.1 Member: Registering and Logging In

Overview: Members have access to the My AmeriCorps Portal once their basic information is entered into eSPAN. In order to access their account online, members must complete the registration process.

Process:

1. Access the system through the AmeriCorps.gov website
2. Once you are at the login page, click on the “Register as a new user” button;
3. On the registration page, enter your last name, date of birth, social security number and current e-mail address;
4. Click “Submit” and follow the instructions on your screen for your next steps. When you register, you’ll receive an email with an access link, which is only valid for 72 hours.
5. Click the link to get to the login page
6. Create your Username and Password.
7. Click “submit.”

1. **Login**

Please enter your username and password. By clicking on "login" you are agreeing to the terms and conditions outlined below:

Please complete all required fields. An asterisk (*) denotes a required field.

* Username:

* Password:

2.

5.

[Forgot your Username?](#) | [Forgot your password?](#) | [Login Help](#)

[Register to create a new Member/Alum account](#)

[Register to create a new Institution account](#)

3. **Member/Alum Registration**

Member/Alum Information

* Last Name:

* Date of Birth: (mm/dd/yyyy)

* SSN: eg. 123456789

* E-mail:

Please complete all required fields. An asterisk (*) denotes a required field.

4.

[Registration Help](#)

6. **Create Username and Password**

Please choose a username and password to identify you each time you log into the system. Enter your password twice to confirm, and then click "submit." Please note: Usernames must be no less than six characters in length. Also, your password must contain at least one uppercase letter, at least one lowercase letter and at least one digit.

My Information

* User Name:

* Password:

* Confirm Password:

Please complete all required fields. An asterisk (*) denotes a required field.

7.

3.2 Member: Navigating the My AmeriCorps Site

Overview: The Home Page for members displays their basic information and links to enable them to make updates. Members can select functions from the left column to navigate to forms and more detailed information.

Member Menu →

Member Menu

- HOME
- My AmeriCorps
- My Living Allowance
- My Tax Statements
- My In-Service Benefits
- My Education Award
 - + Create Forbearance Request
- My Service Letter
- Contact Us

Home Page

Welcome to the My AmeriCorps website. From this site, you can view and update personal and financial information, select your member benefits, make online payment requests and get online help. Please make sure that all of your contact information is updated correctly.

[Click here for help.](#)

My Information

Name: Gerid A Buckshire	Date of Birth: /1980
HSPID: 4800	SSN:
E-mail: ntichon@cns.gov	

Mailing Address: MCCLELLAN CA 95652
Home Phone Number: (724) 334-
Work Phone Number:

Permanent Address: New Kensington PA 15068
Home Phone Number: (724) 334-
Work Phone Number:

[Change Password](#)
[Edit My Contact Information](#)

Service Information

<u>Program</u>	<u>Organization</u>	<u>City/State</u>	<u>Assignment Date</u>	<u>Expected Completion</u>	<u>Actual Completion</u>
AmeriCorps*NCCC	Western Region - Sacramento, CA	McClellan, CA	08/21/2006	07/29/2007	

← **Contact Information**

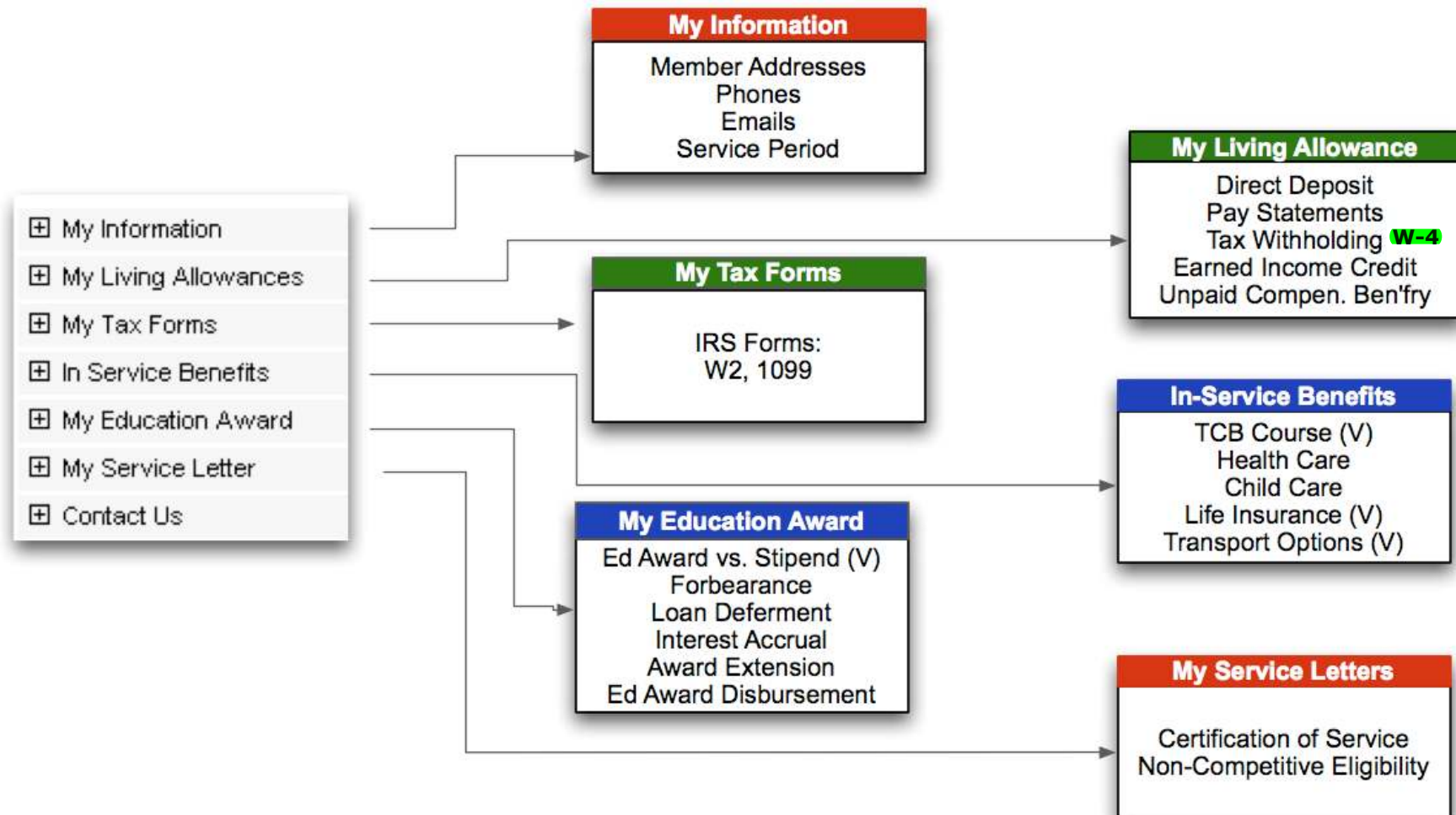
← **Change Password**

← **Service Information**

The purpose of the Member View pages is to show staff the members' processes should the member contact staff for help performing these tasks for themselves (as opposed to staff doing it for them). The process instructions are aimed at the members.

3.2.1 Site Menu

Overview: Members navigate to different parts of My AmeriCorps via the menu. These correspond to general information/finance/benefits groupings.



3.3 Member: Contact Information

Overview: Members can edit their contact information and save the changes similar to the staff process. Keeping information current is a very high priority for the Corporation.

Process

1. From Home Page, click on “Edit My Contact Information.”
2. Make changes to the fields provided as needed.
3. Check box to receive email updates.
4. Click “Save.”

You can edit and add the following personal information:

- Mailing address
- Permanent Address**
- E-mail Address
- Phone Numbers

In order to change your name, date of birth, or social security number, you will need to send an email through [“contact us”](#).

**If your mailing address is temporary, you should include a different permanent address. For example, students often use their parents’ address as their permanent address while at school.

1.

My Information

Name: Gerid A Buckshire	Date of Birth: 1/1980
HSPID:	SSI:
E-mail: ntichon@cns.gov	
Mailing Address:	Permanent Address:
McCLELLAN CA 95652	New Kensington PA 15068
Home Phone Number: (724) 334-	Home Phone Number: (724) 334-
Work Phone Number:	Work Phone Number:

[Change Password](#)
[Edit My Contact Information](#)

2.

Edit My Contact Information

Please update your contact information in the text boxes below. Upon completing your updates, click the "save" button to update your profile.

[Click here for help.](#)

Please complete all required fields. An asterisk (*) denotes a required field.

Name: Gerid A Buckshire
Date of Birth: 1980
HSPID:
SSI: *****7974
*** E-mail:** ntichon@cns.gov
*** Mailing Address:** ST
McCLELLAN CA 95652
Home Phone Number: (724) 334-
Work Phone Number:
*** Permanent Address:**
New Kensington PA 15068
Home Phone Number: (724) 334-
Work Phone Number:
Payment Address: McClellan CA 95652 - 1014
Home Phone Number: 619-523-
Work Phone Number:
Receive E-mail Notifications:

3.

4.

3.4 Enrollee Home Page – Part 1

Overview: Once selected into either NCCC or VISTA, the member will have access to this page. It will provide a checklist as to the tasks that need to be completed prior orientation for each program. NCCC members will not see the line items that do not apply to them (e.g. TCB, Life Insurance).

The screenshot shows the 'Enrollee Home Page' for My AmeriCorps. On the left is a navigation menu with items: My Living Allowance, My Tax Statements, My In-Service Benefits, My Education Award, Create Forbearance Request, My Service Letter, and Contact Us. The main content area has a heading 'Enrollee Home Page' and a welcome message. Below this is a box titled 'Terms, Conditions, and Benefits Training' with a paragraph of text. Further down is a 'Completion Required' section with four items: Contact Information, Direct Deposit Information, IRS W-4, and Life Insurance, each with a brief description and a help icon.

HOME
My AmeriCorps

Enrollee Home Page

Welcome to VISTA! Before arriving to Pre-Service Orientation (PSO) there are a few things you need to do. For your convenience, the checklist below will help to guide you through what is required and what is recommended. Once the required forms are complete, you'll see a red check mark next to the item. The first step is completing the online course for Terms, Conditions and Benefits Training.

Terms, Conditions, and Benefits Training

The online course will help you become familiar with your role, your responsibilities, and your benefits as an AmeriCorps*VISTA member. It will begin to answer key questions you may have about service in VISTA. Simply, go to the **TCB course site** and follow the instructions for taking the course there.

After completing your TCB training, you are ready to complete the required forms. If you have questions while completing these forms, online help is available by clicking the ??? box next to each item.

Completion Required

- ✓ Contact Information** ?
In order to help us provide you the best service possible, it is critical that your contact information current.
- ✓ Direct Deposit Information** ?
Completing a Direct Deposit form enables you to have your biweekly living allowance deposited directly into your bank account. The US Treasury *requires* federal payments to be made by direct deposit.
- ✓ IRS W-4** ?
Completing the W-4 enables CNCS to withhold the correct federal income tax from your living allowance.
- ✓ Life Insurance** ?
Enrollment in the life insurance policy is voluntary for VISTA members. However, unless you execute a waiver, you are automatically covered by life insurance, so please take action.

3.4 Enrollee Home Page – Part 2

Overview: As the members scroll down the page, they will see the links to items that are not required, but should also be completed or viewed prior to orientation.

Completion Recommended

Health Insurance ?

VISTA members receive health coverage under the AmeriCorps Health Benefits Program, which is administered by SevenCorners. You do not need to do anything in order to receive the health care benefits because as a member you are automatically enrolled. For more information on the health benefits, check out [SevenCorners website](#).

SevenCorners will send a health benefits card to VISTA members within two weeks after the Pre-Service Orientation.

Child Care ?

Child Care benefits are administered by the National Association of Child Care Resource & Referral Agencies (NACCRRA). For more information or to see if you qualify, visit the [NACCRRA website](#). You may download the child care application and provider registration forms from the "Downloads and Resources" section on the NACCRRA website.

Loan Forbearance ?

Forbearance is a temporary postponement of principal loan payments during your term of service. Interest will continue to accrue, but if you successfully complete your term of service and receive the Eli Segal AmeriCorps Education Award, the National Service Trust will pay the interest on your behalf.

If you are not receiving the Education Award, you may be eligible for **deferral** of your student loans. To find out whether you qualify for loan deferral, you need to speak with a representative at your financial institution.

✓ IRS W-5 ?

If you are eligible for an earned income tax credit and wish to receive the credit in advance as part of your regular living allowance, you must complete the W-5 information before the beginning of each calendar year.

Designation of Beneficiary of Unpaid Compensation ?

As a VISTA, you must designate whom you wish to receive your unpaid compensation should you pass away before the end of your term of service. Please click the link below to print out the applicable form.

Use of Vehicles or Public Transportation ?

Please print out this form if you wish to use public transportation or another vehicle in performance of your work.

3.5 Member: Living Allowance and Tax Elections

Overview: Members can view all and manage a subset of their Living Allowance and related items.

My Living Allowance

From this page you can view and manage your Living Allowance and other related items such as your direct deposit and tax information.

Pay Statements
Click here to view your most recent Pay Statement.
View previous pay statements
Direct Deposit Information
^ Effective Date : 08/21/2006 ?
^ Account Type : Checking ?
^ ACH/Routing Number : XXXX ?
^ Account Number :XXXXXXXX ?
Edit Account Information
Print
Federal Tax Withholding
Federal Income Tax Withholding (W-4 Elections) ?
Allowances : 2
Marital status : Married
Change W-4 Elections
Advanced Earned Income Credit (W-5) ?
Sorry, there is no W-5 information filed with the system at this time.
Apply for AEIC

Members can click on red hyperlinks to perform the activity.

3.5.1 Direct Deposit

Overview: For payments, Members are *required* to use Direct Deposit. If Direct Deposit causes undue hardship, a Waiver may be granted.

Process

Register for Direct Deposit

From the My Living Allowance Menu choose “Edit Account Information”:

1. Select your account type.
2. Enter your Routing number. The first 9 numbers from the left at the bottom of your check are your Bank Routing Number.
3. Enter your Account Number. Locate the string of numbers at the bottom of your check that matches the Check Number in the upper right-hand corner. This number is usually 4 digits, and may include a zero as the first digit. The numbers that remain (those that are neither the Bank Routing Number nor the Check Number) are your Account Number.
4. Click Save.

Waive Direct Deposit

1. Enter your reason.
2. Check the mailing address to make sure it’s correct.
3. Click Save.

Direct Deposit Information

^ Effective Date : 04/10/2007 ?
^ Account Type : Checking ?
^ ACH Routing Number : 121042882 ?
^ Account Number : ?

[Edit Account Information](#)
[Print](#)

Edit Direct Deposit Information

At any time you can change the bank account that you wish to have your living allowance deposited. Once you enter in the new bank account information, double check to make sure that all of the numbers were entered correctly. Click the "save" button to update your profile with the new direct deposit information. If you opt to not use direct deposit, click the "waive" button.

[Click here for help](#)

1.

2.

3.

4.

Direct Deposit Information

Account Type: ?

ACH Routing Number: ?

Account Number: ?

Re-enter Account Number: ?

If you waive the direct deposit, the check will be sent to the following address :

Payment Address:

McClellan CA 95652 - 1014

3.5.2 Earning Statements

Overview: Members can view and print their earning statements.

Process

From the “My Living Allowance” menu item click on the hyperlinked “here” to see your current pay statement. Click on “View previous pay statements” to access previous statements.

1. Select a date from the drop down box.
2. Click “View PDF”
3. View the pay statement.

Pay Statements

Click [here](#) to view your most recent Pay Statement. [View previous pay statements](#)

Select Pay Statement

Member Information

Name: Gerid A Buckshire **Date of Birth:** 12/13/1980
HSPID: 480087 **User Name:** gbuckshire
SSI: **E-mail:** ntichon@cns.gov

Payment Address:
McClellan CA 95652 - 1014
Home Phone Number: 619-523-
Work Phone Number:

Select Pay Period

1. * Pay Period: 9/17/06 - 9/30/06 2.

3.

AMERICORP/ NCCC ALLOWANCE STATEMENT

Name: RBG RBG **SSN:** XXX-XX-7874
Current Assignment: Support/Officer **Designation:** Full Group A
Company Address: Irvine, CA 92618

	This payment	Year to date
Gross Pay:	\$95	\$520
Social Security:	\$12.29	\$6,550.76
Federal Tax:	15	46
Medicare Tax:	7	22
Overtime:	0	0
Tax and Credit Lender:	0	0
Net Pay:	\$65	\$382

Days Paid this Pay Period: 14
Days Paid this Year: 41
Days LWOP this Year: 0

If you have any questions please contact the Member Support Specialist at your Campus.

Member has unemployment insurance coverage provided through the National Community Service Fund.

3.5.3 W-4: Tax Allowances

Overview: The W4 edit screen allow the member to enter tax allowance information or claim a withholding exemption.

Process

From the “My Living Allowance” menu item click on “Change W-4 Elections” link.

1. Enter your marital status.
2. Enter the number of allowances you will have for this tax year
3. If applicable, enter in the additional amount that you wish to be withheld.
4. Click Save.

Federal Tax Withholding

Federal Income Tax Withholding (W-4 Elections) [?]

Allowances : 1

Marital status : Single

Additional Amount Withheld : \$100.00

[Change W-4 Elections](#)

Edit W-4 Information

All AmeriCorps members who receive a living allowance must complete a W-4 form to determine the amount of income tax deductions to be withheld. You can change the number of your exemptions at any time by simply updating the fields below. If you believe you are exempt from having federal income tax deductions withheld from your allowance payment, you must claim exempt status on the W-4 form by clicking the "Claim Exemption" link below. If you have questions about filling out the W-4, please check the [IRS website](#) for more help.

[Click here for help](#)

W-4 Information

Please enter the following information and click 'Save' button to update your W-4 record. To claim exemption for next year, please try again after November 15th.

1. **Marital status :**

2. **# of Allowances:**

3. **Additional Amount Withheld:**

4.

You can claim exemptions only if you satisfy both of the following conditions :

1. Last year you had a refund of **all** federal income tax withheld because you had **no tax liability and**
2. This year you expect a refund of **all** federal income tax withheld because you expect to have **no tax liability.**

[Claim Exemption](#)

3.5.5 Unpaid Compensation Beneficiary

Overview: In the case that a Member dies during service, a beneficiary may be designated to receive the Member's unpaid compensation. You can designate the person that should receive any pay uncollected by you.

Process

1. From the Living Allowance Page, click "Designation of Beneficiary of Unpaid Compensation."
2. Download and print the form.
3. Fill out the form and take it to your PSO.

VISTA
Only

Unpaid Compensation Information

As a VISTA, you must designate whom you wish to receive your unpaid compensation should you pass away before the end of your term of service. Please click the link below to print out the applicable form.

1. **Designation of Beneficiary of Unpaid Compensation**

- 2.

Designation of Beneficiary			
Unpaid Compensation of Deceased Civilian Employee			Important: Read all instructions before filling in this form
A. Identification			
Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)
<p>I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any unpaid compensation due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.</p>			
B. Information Concerning The Beneficiaries (See Examples of Designations):			
First name, middle initial, and last name of each beneficiary	Address (including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary

3.6 Member: In-Service Benefits

Overview: Members can access more information on benefits received during service by clicking on the benefits categories.

My In-Service Benefits

As an AmeriCorps member, you are eligible for a variety of benefits during your term of service. From this page, you will find links to your benefit providers as well as other information to help you understand and manage your benefits. To get more information about your benefits as a VISTA member, check out the [Terms, Conditions and Benefits](#) online course.

VISTA & NCCC	→	Health Care ? Your health care benefits are administered by SevenCorners. For more information on the coverage visit the Seven Corners website
VISTA & NCCC	→	Child Care ? Child Care benefits are provided to qualifying members. To qualify you must have children under the age of 13 and you must be determined eligible based on certain income guidelines. Child Care benefits are administered by the National Association of Child Care Resource & Referral Agencies (NACCRRA). For more information or to see if you qualify, visit the NACCRRA website
VISTA Only	→	Life Insurance ? As a VISTA member you are eligible to receive life insurance. You are covered under Insurance and have following beneficiaries : 1 . Carol Smith 2 . John Smith Edit Life Insurance
VISTA & NCCC	→	Loan Forbearance ? Forbearance is a temporary postponement of principal loan payments during your term of service. Interest will continue to accrue, but if you successfully complete your term of service and receive the Eli Segal AmeriCorps Education Award, the National Service Trust will pay the interest on your behalf. Click here to create a forbearance request. If you are not receiving the Education Award, you may be eligible for deferral of your student loans. To find out whether you qualify for loan deferral, you need to speak with a representative at your financial institution.
VISTA Only	→	V-81 Transportation Form ? Please print out this form if you wish to use public transportation or another vehicle in performance of your work. Use of Vehicles or Public Transportation

3.6.1 Life Insurance (VISTA)

Overview: AmeriCorps VISTA Members can designate life insurance beneficiaries or waive the insurance.

Process

Designate a Beneficiary

1. Enter the information for you beneficiary. Beneficiary Percentage is the portion of benefit you want this beneficiary to receive. If you only have one beneficiary, enter 100. Otherwise, split it such that the total percent equals 100.
2. If you're entering additional beneficiaries, click Add Another.
3. Click Save.

Remove a Beneficiary

1. Click on the Edit button at the bottom of the box.
2. Click Remove Beneficiary next to the person you would like to remove.
3. Click Save.

Change Beneficiary

1. Click Edit Life Insurance
2. Make the changes.
3. Click Save.

Waive Life Insurance

1. Click Waive.

Edit Life Insurance Information

Enrollment in the life insurance policy is voluntary for VISTA members, however unless you execute a waiver, you are automatically covered and the premium will be deducted from your living allowance. You should designate a beneficiary to receive the proceeds from this life insurance coverage. There is no limit to the number of beneficiaries you can have as long as the beneficiary percentage adds up to 100%. Once you have added your beneficiary(ies), verify that all of the information is correct and click the "save" button to update your record. If you wish to waive the life insurance, select "waive" and you will be brought to a confirmation page.

Beneficiary :

* First Name : Middle Name : * Last Name :

Care of :

* Address Line 1 :

Address Line 2 :

* City : * State : * ZIP code : -

Home Phone Number : Work Phone Number :

* Relation to Member : * Beneficiary Percentage :

Beneficiary :

* First Name : Middle Name : * Last Name :

Care of :

* Address Line 1 :

Address Line 2 :

* City : * State : * ZIP code : -

Home Phone Number : Work Phone Number :

* Relation to Member : * Beneficiary Percentage :

3.6.2 Transportation Form (VISTA)

Overview: VISTAs must complete Form V-81 if they will be using certain vehicles in the course of service.

Transportation information

The AmeriCorps*VISTA Use of Vehicles and Public Transportation Form (Form V-81) is needed to provide coverage under the Federal Tort Claims Act, which permits recovery of damages from the federal government when its employees are negligent within the scope of their employment. You must print out the V-81 form and have your supervisor fill it out and send it to the Corporation State Office if you plan on operating or using any of the following service-related transportation:

- Vehicle owned or leased by your sponsor organization.
- Vehicle owned or leased by yourself.
- Vehicle owned or leased by another person and approved for member use by the Corporation State Office Director.
- Public Transportation.

Process

1. Click "Use of Vehicles or Public Transportation"
2. Download Form V-81
3. Fill out the form and submit to your supervisor
4. Your supervisor will submit the form to the Corporation State Office

V-81 Transportation Form

Please print out this form if you wish to use public transportation or another vehicle in performance of your work.

1. **Use of Vehicles or Public Transportation**

- 2.

AMERICORPS*VISTA		USE OF VEHICLES OR PUBLIC TRANSPORTATIONS	
<small>This AmeriCorps*VISTA Sponsor or Supervisor should complete this form for each vehicle and/or other public transportation used in accomplishing the work of a member. Complete and apply to the sponsor. (Please sponsor only)</small>			
Name of Project		City, State	
Type of Transportation (Check applicable boxes)			
<input type="checkbox"/> Member-owned vehicle		<input type="checkbox"/> Project-owned vehicle	<input type="checkbox"/> Public transportation
Name of AmeriCorps VISTA Member			
A.	Vehicle Make, Size and Year	State	License Number
	Name of Insurance Company	Who Pays Operating Cost for Vehicle?	
	Amount and Type of Coverage	Estimated Number of Miles Traveled Monthly	
	Primary Driver	Other Drivers (if applicable)	
B.	Insurance Licensing Certification		
	The owner certifies that this vehicle is licensed and insured as required by the State of _____ and local laws.		
	Signature of Vehicle Owner	Date	
C.	Public Transportation	Estimated number of trips (monthly)	Estimated cost per trip
D.	Describe purpose of all travel (to be completed for both vehicles and public transit.)		
Typed name of Sponsor or Supervisor		Signature	Date
Transportation plan is		Signature (CNS State Office)	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
<small>01/27/99 V-81 (Rev. 11/2000)</small>			

3.7 Member: Tax Statements

Overview: Members and Alumni can view and print their W2 and 1099 forms. Members will need to have the software necessary to view portable document format (pdf) files.

Process

W-2

If you are mailing in your taxes, you will need to print out the W-2 form and include it with your tax information to be sent to the IRS. If you are able to electronically sign your taxes, you will not need to mail in the W-2 form.

1. Click the year for which you need the W-2.
2. Download and print the form.

1099-MISC

If Education Award and/or interest payments were made to you that totaled at least \$600 in the year, the Trust will notify the IRS that payments have been made and you will have a 1099 for that tax year.

To get a copy of your 1099:

1. Click the year for which you need the 1099.
2. Download and print the form.

My Tax Statements

1. From this page you can view and print tax statements for this or previous tax years in which you received taxable income from AmeriCorps. For more specific tax information go to the [IRS website](#)

End Year IRS Reporting

W-2 End Year Wage Statements ?
A W-2 form will be made available to you by January 31 of each year showing the amount of your earnings from the Corporation and the amount of federal taxes withheld for the preceding calendar year. When you do your taxes, you need to include a copy of the W-2 for that year.

Sorry, there is no W-2 information filed with the system at this time.

1099 End Year Tax Statements ?
The Internal Revenue Service (IRS) has determined that payments from the Eli Segal Education Award and interest payments made on behalf of a member during a particular calendar year are considered taxable income in that year. These payments (if totaling more than \$600 in the year) are reported to the IRS and you will receive a 1099-MISC IRS form. The amount stated on the 1099 must be included as income on your tax return.

Sorry, there is no 1099 information filed with the system at this time.

2.

4 Control number		22222		VOID		Form W-2 Wage and Tax Statement 2006	
5 Employer identification number		1 Wages, tips, other compensation		2 Federal income tax withheld			
6 Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld			
		5 Medicare wages and tips		6 Medicare tax withheld			
		7 Social security tips		8 Allocated tips			
9 Employer's social security number		9 Advance EIC payment		10 Dependent care benefits			
11 Nonqualified plans		12a See instructions for box 12		12b See instructions for box 12			
13 Dividend, interest, and other payments		14 Other		15a See instructions for box 15			
15 Date		16 Employer's EIN		17 State no.		9595	
18 Date		19 State no.		20 VOID		CORRECTED	
FAVER'S name, street address, city, state, ZIP code, and telephone no.				1 Rents		OMB No. 1545-0045	
				2 Royalties		Form 1099-MISC	
				3 Other income		4 Federal income tax withheld	
FAVER'S Federal identification number				5 Fishing boat proceeds		6 Medical & health care payments	
RECIPIENT'S identification number				7 Nonemployee compensation		8 Substitute payments in lieu of dividends or interest	
				9 Dividend, interest, and other payments		10 State disability payments	
				11 Annuity payments (see instructions)		12a State disability payments	
				12b Annuity payments (see instructions)		13a State disability payments	
				13b Annuity payments (see instructions)		14a State disability payments	
				14b Annuity payments (see instructions)		15a State disability payments	
				15b Annuity payments (see instructions)		16a State disability payments	
				16b Annuity payments (see instructions)		17a State disability payments	
				17b Annuity payments (see instructions)		18a State disability payments	
				18b Annuity payments (see instructions)		19a State disability payments	
				19b Annuity payments (see instructions)		20a State disability payments	
				20b Annuity payments (see instructions)		21a State disability payments	
				21b Annuity payments (see instructions)		22a State disability payments	
				22b Annuity payments (see instructions)		23a State disability payments	
				23b Annuity payments (see instructions)		24a State disability payments	
				24b Annuity payments (see instructions)		25a State disability payments	
				25b Annuity payments (see instructions)		26a State disability payments	
				26b Annuity payments (see instructions)		27a State disability payments	
				27b Annuity payments (see instructions)		28a State disability payments	
				28b Annuity payments (see instructions)		29a State disability payments	
				29b Annuity payments (see instructions)		30a State disability payments	
				30b Annuity payments (see instructions)		31a State disability payments	
				31b Annuity payments (see instructions)		32a State disability payments	
				32b Annuity payments (see instructions)		33a State disability payments	
				33b Annuity payments (see instructions)		34a State disability payments	
				34b Annuity payments (see instructions)		35a State disability payments	
				35b Annuity payments (see instructions)		36a State disability payments	
				36b Annuity payments (see instructions)		37a State disability payments	
				37b Annuity payments (see instructions)		38a State disability payments	
				38b Annuity payments (see instructions)		39a State disability payments	
				39b Annuity payments (see instructions)		40a State disability payments	
				40b Annuity payments (see instructions)		41a State disability payments	
				41b Annuity payments (see instructions)		42a State disability payments	
				42b Annuity payments (see instructions)		43a State disability payments	
				43b Annuity payments (see instructions)		44a State disability payments	
				44b Annuity payments (see instructions)		45a State disability payments	
				45b Annuity payments (see instructions)		46a State disability payments	
				46b Annuity payments (see instructions)		47a State disability payments	
				47b Annuity payments (see instructions)		48a State disability payments	
				48b Annuity payments (see instructions)		49a State disability payments	
				49b Annuity payments (see instructions)		50a State disability payments	
				50b Annuity payments (see instructions)		51a State disability payments	
				51b Annuity payments (see instructions)		52a State disability payments	
				52b Annuity payments (see instructions)		53a State disability payments	
				53b Annuity payments (see instructions)		54a State disability payments	
				54b Annuity payments (see instructions)		55a State disability payments	
				55b Annuity payments (see instructions)		56a State disability payments	
				56b Annuity payments (see instructions)		57a State disability payments	
				57b Annuity payments (see instructions)		58a State disability payments	
				58b Annuity payments (see instructions)		59a State disability payments	
				59b Annuity payments (see instructions)		60a State disability payments	
				60b Annuity payments (see instructions)		61a State disability payments	
				61b Annuity payments (see instructions)		62a State disability payments	
				62b Annuity payments (see instructions)		63a State disability payments	
				63b Annuity payments (see instructions)		64a State disability payments	
				64b Annuity payments (see instructions)		65a State disability payments	
				65b Annuity payments (see instructions)		66a State disability payments	
				66b Annuity payments (see instructions)		67a State disability payments	
				67b Annuity payments (see instructions)		68a State disability payments	
				68b Annuity payments (see instructions)		69a State disability payments	
				69b Annuity payments (see instructions)		70a State disability payments	
				70b Annuity payments (see instructions)		71a State disability payments	
				71b Annuity payments (see instructions)		72a State disability payments	
				72b Annuity payments (see instructions)		73a State disability payments	
				73b Annuity payments (see instructions)		74a State disability payments	
				74b Annuity payments (see instructions)		75a State disability payments	
				75b Annuity payments (see instructions)		76a State disability payments	
				76b Annuity payments (see instructions)		77a State disability payments	
				77b Annuity payments (see instructions)		78a State disability payments	
				78b Annuity payments (see instructions)		79a State disability payments	
				79b Annuity payments (see instructions)		80a State disability payments	
				80b Annuity payments (see instructions)		81a State disability payments	
				81b Annuity payments (see instructions)		82a State disability payments	
				82b Annuity payments (see instructions)		83a State disability payments	
				83b Annuity payments (see instructions)		84a State disability payments	
				84b Annuity payments (see instructions)		85a State disability payments	
				85b Annuity payments (see instructions)		86a State disability payments	
				86b Annuity payments (see instructions)		87a State disability payments	
				87b Annuity payments (see instructions)		88a State disability payments	
				88b Annuity payments (see instructions)		89a State disability payments	
				89b Annuity payments (see instructions)		90a State disability payments	
				90b Annuity payments (see instructions)		91a State disability payments	
				91b Annuity payments (see instructions)		92a State disability payments	
				92b Annuity payments (see instructions)		93a State disability payments	
				93b Annuity payments (see instructions)		94a State disability payments	
				94b Annuity payments (see instructions)		95a State disability payments	
				95b Annuity payments (see instructions)		96a State disability payments	
				96b Annuity payments (see instructions)		97a State disability payments	
				97b Annuity payments (see instructions)		98a State disability payments	
				98b Annuity payments (see instructions)		99a State disability payments	
				99b Annuity payments (see instructions)		100a State disability payments	

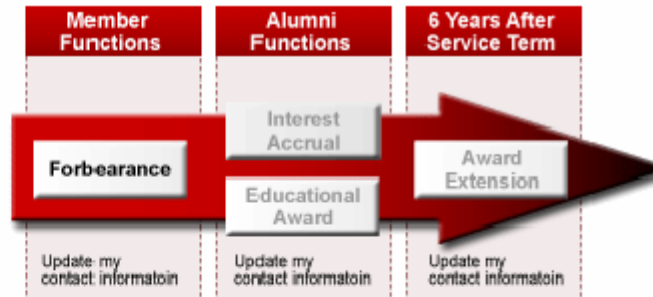
3.8 Member: Education Award/End-of-Service Benefits

Overview: AmeriCorps Members who successfully complete a term of service are eligible for an Education Award. VISTAs may choose a stipend, instead.

My Education Award

From this page, you can manage your Eli Segal AmeriCorps Education Award requests, view your award balances, and view any previous payments that were made on your behalf. To create new requests, use the links to the left or click on the picture to the right.

[Click here for help.](#)



<i>My Requests</i>				
<u>Request</u>	<u>Status</u> ?	<u>Date</u>		
Forbearance	Pending Institution Action	04/09/2007 16:30	Cancel?	

<i>Account Statement</i>					
<i>Award Information</i>					
<u>Award ID</u>	<u>Award Type</u>	<u>Amount</u>	<u>Amount Disbursed</u>	<u>Balance</u>	<u>Approval Date</u>
				Award Balance: \$0.00	
				Available Balance: \$0.00	

<i>Payment Information</i>						
<u>Payment ID</u>	<u>Amount</u>	<u>Schedule Date</u>	<u>Request ID</u>	<u>Cancel Date</u>	<u>Institution Name</u>	<u>City/State</u>
						Total Payments: \$0.00

3.8.1 Member: End-of-Service Option (VISTA)

Overview: Members may choose to change their end-of-service option through the first 10 months of service.

Process

If you selected the Eli Segal AmeriCorps Education Award, you have until the 10th month of service to switch to the stipend if you so decide. Note: If you choose to switch to the Stipend, you cannot switch back. In addition, if you originally selected the stipend, you cannot switch to the Education Award. To switch to the Stipend, follow the steps below.

Go to the “My Education Award” section of the website.

1. If you are eligible to switch, you will see a button for this at the bottom of the page. If you are sure you want to switch, click the Switch to Stipend button.
2. You are now at the End of Service page.
3. Click “Switch to Stipend.” Help is offered on this page to compare your options. Once you have read the help text, you can either cancel the transaction or elect to switch to stipend from the page.

1.

Available Balance: \$0.00						
Payment Information						
Payment ID	Amount	Schedule Date	Request ID	Cancel Date	Institution Name	City/State
Total Payments: \$0.00						

Switch to Stipend - You have until your 10th month of service to switch from the Education Award to the Stipend.

Edit End of Service

2. [Click here for help](#)

End of Service Option

You have currently elected to receive an Eli Segal AmeriCorps Education Award at the completion of your term of service. You may change your mind and instead elect to receive a fixed stipend. **However, this change is irreversible.** Once you have switched to the stipend option, you may not decide to receive the Segal AmeriCorps Education Award. Click [here](#) to view a comparison of the two options. Please read it carefully before making your decision.

You have until the end of your 10th month of service to make this decision.

Option Expiration: 10/08/2008

3.

3.8.2 Member: Student Loan Deferment

Overview: During service, Members may request that student loans be deferred. This is granted by the lending institution, not the Corporation.

Loan Deferment Information

As a general rule, AmeriCorps members may obtain a deferment of payments on the principal of any federally guaranteed student loan for the length of their service. The terms and conditions of available deferments differ depending on the type of loan, the date the loan was dispersed, and the policies of the individual loan holder. Some older federal student loan programs allow AmeriCorps members a categorical deferment, while newer federal loan programs may require that you apply for an “economic hardship” deferment. *Please note that the Corporation does not grant student loan deferments, loan holders do.*

Process

To place your loans into deferment, you need to speak with the financial institution that currently holds your loan. You can print out a “certification of service letter” to demonstrate to your lender that you are currently serving.

3.8.3 Member: Student Loan Forbearance

Overview: During service, members may request that their qualified student loan be placed in forbearance. This is granted by the lending institution, not the Corporation.

Process

1. Verify that all of the pre-populated information on your request form is correct.
2. If you served more than one term of service, select the dates of service for which you are requesting forbearance.
3. Search for and select your Financial Institution.
4. Once you click the “submit” button, your forbearance request will be sent to your Financial Institution for them to process.

Forbearance Request



To complete your Forbearance request, please verify that your personal information is correct, select the term of service for which you are requesting Forbearance (if more than one), and select the Institution from which you are requesting Forbearance. Upon completing the form, click the "submit" button to forward your request.

[Click here for help.](#)

1.

My Information

Name: Robert Cox
Date of Birth: 1975
HSPID:
SSN:
E-mail: sbuchholz@cns.gov

Permanent Address: Washington DC 20001
Home Phone Number:
Work Phone Number:

Mailing Address: Washington DC 20001
Home Phone Number:
Work Phone Number:

* **Term of service:** 11/22/2002 to 02/21/2004 [v] [?]

Institution Information (Search for Institutions) [?]

Please select an institution to send this request to by clicking the "Search Institutions" link above.

Certify and Submit

I certify that all of the information I have provided is true and correct. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both pursuant to Section 1001 of Title 18, USC.

If you are unable to make these certifications, please contact the help desk at 1-888-507-5962.

OMB Number 3045-0030, Expires 07/31/2008

2.

3.

4.

3.8.4 Member: Interest Accrual

Overview: At the end of service, Members may request that student loan interest accrued on qualified student loans placed in forbearance during service be paid by the Trust.

Interest Accrual Information

As an AmeriCorps alum, you are eligible to have the National Service Trust pay all or a portion of the interest that accumulates on your qualified student loan(s) during your term of service. These payments are made in addition to the Education Award, and are not deducted from your Award balance. To be eligible to have accrued interest paid:

- The loan must have been placed in forbearance for the service period.
- You must have successfully completed a term of service and received an Award.

Process

1. Verify that all of the pre-populated information on your request form is correct.
2. If you served more than one term, select the dates of service for which you are requesting your interest accrual benefit.
3. Search for and select your Financial Institution.
4. Click the "Submit" button. Your Interest Accrual request will be sent to your Financial Institution, which will complete the payment request.

Interest Accrual Benefit Request



To complete your Interest Accrual request, please verify that your personal information is correct, select the term of service for which you are requesting your Interest Accrual benefit, and select your lending institution. Upon completing the form, click the "submit" button to forward your request.

[Click here for help.](#)

My Information

1.

Name: Robert Cox
Date of Birth: 12/17/1975
HSPID: 330857
SSN: *****6870
E-mail: sbuchholz@cns.gov

Permanent Address:
Washington DC 20001

Home Phone Number:
Work Phone Number:

Mailing Address:
Washington DC 20001

Home Phone Number:
Work Phone Number:

2.

Term of service: 11/22/2002 to 02/21/2004

Institution Information [\(Search for Institutions\)](#)

3.

Please select an institution to send this request to by clicking the "Search Institutions" link above.

Certify and Submit

I authorize the release of any loan information to the National Service Trust.

I certify that all of the information I have provided is true and correct. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both pursuant to Section 1001 of Title 18, USC.

If you are unable to make these certifications, please contact the help desk at 1-888-507-5962.

4.

3.8.5 Member: Education Award Time Extension

Overview: Members have seven years to use their Education Award after completion of service. However, under certain circumstances they may request an extension of time to use the Award.

Award Extension Information

The legislation that created the Eli Segal AmeriCorps Education Award also allows alumni who have been unable to use any portion of their award within the seven year time limit the option to apply for an extension. You must request an extension in writing **prior** to the expiration date, unless extenuating circumstances prevented you from doing so. The Trust will grant an extension, provided you meet certain appropriate and compelling circumstances.

Process

1. Verify that all of the pre-populated information on your request form is correct.
2. Select the appropriate reason from the drop-down list and provide a brief explanation in the space provided.
3. Attach the required documentation needed to substantiate your request.
4. Click the “submit” button. Your Award Extension request will be sent to the National Service Trust for review.

Award Extension Request

To request an Award Extension, please verify that your personal information is correct, select the appropriate reason for your request from the dropdown box, and provide a brief explanation in the space provided. If required, attach the required documentation needed to substantiate your request and submit the request.

If you are unable to attach your documentation electronically, please complete this form and then click the "print" button at the bottom of this form to print out your request, including your comments and reason for requesting an extension, and either fax (202-606-3464) or mail your request and paper documentation to the Trust.

[Click here for help.](#)

1. **My Information**
Name: Olga E Kravynik
Date of Birth: [redacted]
HSID: [redacted]
SSN: ****5549
E-mail: oluchkov@ons.gov
Permanent Address: Buffalo NY 14213
Home Phone Number: 7168038529
Work Phone Number: [redacted]
Mailing Address: Buffalo NY 14213 - 1111
Home Phone Number: 7168038529
Work Phone Number: [redacted]
2. **Request Information**
Term of service: 02/25/1999 to 02/24/2000
Reason for Request: Performed another term of service in an approved AmeriCorps position
Documentation file: [Browse]
3. **Comments**
(max 4000 Characters)
4. **Certify and Submit**
I certify that all of the information I have provided is true and correct. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both pursuant to Section 1001 of Title 18, USC.
If you are unable to make these certifications, please contact the help desk at 1-888-507-5962.
[cancel] [print] [submit]

3.8.6 Member: Education Award Disbursement

Overview: After completion of service, members have up to seven years to use their Education Award, either toward tuition and fees or to pay toward a student loan.

Process

1. Verify that all of the pre-populated information on your request form is correct.
2. Fill in the amount you authorize the National Service Trust to pay the Institution out of your available award balance.
3. Choose whether your payment will be used to pay a loan or to pay for current educational expenses;•If you chose to pay for current education expenses, enter the semester or term for which you are authorizing payment.
4. Search for and select your Institution.
5. Check the terms of agreement boxes to agree with the following statements:
 - You have not been convicted, since the completion of your AmeriCorps service, of the possession or sale of a controlled substance
 - You have received a high school diploma or its equivalent (such as a GED)
 - You understand that a knowing and willing false statement on this form can e punished by a fine or imprisonment or both under Section 1001 of Title 8, USC.
6. Click the “Submit” button. Your payment request will be sent to your Institution, which will complete the request and forward it to the Trust for payment.

Segal AmeriCorps Educational Award
Payment Request

To complete your Education Award payment request, please verify that your personal information is correct, enter in the amount of money you are authorizing, choose a payment type, and select your institution. Upon completing the form, click the "submit" button to forward your request.

[Click here for help.](#)

My Information

Name: Robert Cox
Date of Birth: _____
HSPID: _____
SSN: _____
E-mail: sbuchholz@ons.gov

Permanent Address: Washington DC 20001
Home Phone Number: _____
Work Phone Number: _____

Mailing Address: Washington DC 20001
Home Phone Number: _____
Work Phone Number: _____

AmeriCorps Service Date: 11/22/2002
Award Balance: _____

* Payment Type: _____
* Amount Authorized: _____

Institution Information (Search for Institutions)

Please select an institution to send this request to by clicking the "Search Institutions" link above.

Certify and Submit

I authorize the amount indicated above to be paid to the loan holder or educational institution named above.
 I certify that I have not been convicted, since the completion of my AmeriCorps service, of the possession or sale of a controlled substance.
 I further certify that I have received a high school diploma or its equivalent.
 I authorize the release of any loan information to the National Service Trust.

I certify that all of the information I have provided is true and correct. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both pursuant to Section 1001 of Title 18, USC.

If you are unable to make these certifications, please contact the help desk at 1-888-507-5962 and we will inform you of what you must do to be eligible to use the award.

OMB Number 3045-0030, Expires 07/31/2008

3.9 Member: Service Certification Letters

Overview: Members may print out letters certifying their terms of service.

Certification Letter Information

All AmeriCorps members may receive letters certifying their service. Letters printed before completion of service will show the expected end-of-service date.

VISTAs who have completed one full year of service are eligible for Non-Competitive Eligibility status. VISTAs may also request a "Public Agency Income Disregard" letter to certify that living allowance income should not be counted toward Social Security Income.

Process

1. Select your Service Term from the dropdown.
2. Select the letter type from the dropdown.
3. Enter the name and address to whom the letter is for.
4. Click the Print button.

Print Service Letters

From this page, you can print out letters certifying your time of service in an AmeriCorps program. To print a letter, select a term of service and then select the type of letter you need. Type in the name and address of the intended recipient and click the "print" button to print the requested service letter.

[Click here for help](#)

The screenshot shows a web form titled "Print Service Letters". It contains the following elements:

- 1.** A dropdown menu labeled "Service Term:" with the value "08/21/2006 to".
- 2.** A dropdown menu labeled "Letter Type:" with the value "NCCC Service Certification".
- 3.** A text input field labeled "Addressee:" containing the text "Hollywood Blvd".
- At the bottom right, there are two buttons: "print" and "cancel".

4.

3.10 Member: Contact Us

Overview: Members can send a note or request information.

Process

1. Fill out the form. Be sure to include your phone number.
2. Click the Submit button.

Contact Us

1. Please complete all required fields. An asterisk (*) denotes a required field.

Name: Robert Cox
E-mail: sbuchholz@cns.gov
*** Phone:** (where we can reach you)

*** Message:**

2.

4.0 Setting Up New Accounts: Process for Release 1 ONLY

4.1 Setting Up Member Accounts: VISTA

Overview: Members who already have an account through the Trust Portal can simply log onto My AmeriCorps using their existing username and password. For new members (those just joining the program), for existing members, and for those who have not set up an account in the Trust Portal, State Office staff need to set up basic member access for them first. For those without Internet access, the paper-based process is also described.

VISTA State Office staff will be required to complete certain steps in the eSPAN system in order to set up the My Americorps account. This will not be the case for subsequent releases. Members **must** have an **email address** to use the Portal.

Process

1. **State Office staff** enters the Member's: **Name, SSN, date of birth, VISTA project number, active/training/end date, purpose code and email address** into eSPAN.
2. **State Office staff** completes the Trust Enrollment for members who select the Education Award in eSPAN.
3. Portal will generate an email with a link to portal registration.
4. Members will register on the portal, sign in, and complete enrollment forms (W-4, W-5, life insurance, verifies end-of-service option, direct deposit).

Non-portal or Paper-Based Process

1. Members complete forms and bring them to PSO.
2. **State Office staff** logs into portal.
3. **State Office staff** searches for the Member.
4. **State Office staff** enters data into applicable screen (e.g. W-4, Direct Deposit)

4.2 Setting Up Member Accounts: NCCC

Overview: For Release 1, there are three types of member Users. Members who already have an account through the Trust Portal can simply log onto My AmeriCorps using their existing username and password. For new members (those just joining the program), and for members and alumni without accounts in the Trust Portal, NCCC will have to set up basic member access first.

Campus staff is required to input data into WBRS first. The information that is uploaded to eSPAN will enable a member to have access to the portal.

NOTE: Members **must** have an **email address** to use the Portal.

1. **HQ Staff** accesses LMC database to determine who has been selected and cleared.
2. **HQ Staff** assigns member to campus.
3. **LMC** sends Welcome Packets (and forms) to members.
4. **Campus Staff** creates profile in WBRS the Wednesday prior to arrival.
5. **eSPAN upload** the following Thursday.
6. **Members** receive portal overview and set up their accounts from campus staff.
7. **Member** logs in to the portal and completes forms (W-4, W-5, direct deposit).
8. **Members** can link to health care and child care benefit administrators.