

# Compensation Package for Vistas

## Living Allowance

Upon starting service as an AmeriCorps VISTA member for Communities of Transformation, you will begin receiving a living allowance. CNCS determines the living allowance rate, which varies according to the local cost of living in the area where you serve. Living allowances are computed on a daily rate and paid every 14 days. The current living allowance rate for a COT VISTA is \$33.73 per day or \$472.22 per bi-weekly time period. Payments are made via direct deposit. See the Living Allowance Calendar and Statement Information online for direct deposit dates.

Federal income tax deductions are withheld from the living allowance. State, county, or city income tax is not withheld from the living allowance; however, members are still responsible for all taxes. FICA (Social Security and Medicare) is not withheld from the living allowance.

## Healthcare Benefits

As an AmeriCorps VISTA member, you are eligible for certain health benefits through AmeriCorps VISTA for the duration of your service term. Under the Affordable Care Act, all Americans, including VISTA members, are required to have health coverage; therefore, you are expected to have health coverage when you become an AmeriCorps VISTA member, unless you are exempt from this requirement.

All AmeriCorps VISTA members are eligible to participate in one of two Healthcare Benefit Programs:

1. AmeriCorps VISTA Healthcare Allowance – To participate, you must currently have or have completed enrollment in other primary health care coverage outside of AmeriCorps VISTA
2. AmeriCorps VISTA Healthcare Benefit Plan – For members legally exempt from maintaining health care coverage during their term of service

Eligibility and benefit information about each plan is available online at [americorpsvista.imglobal.com](http://americorpsvista.imglobal.com). A general description of each plan is below.

At the start of your VISTA term, you will need to complete a [Member Enrollment Form](#) to indicate which benefit option you would like to receive. The form may be completed by creating a MyIMGVISTA Account at [americorpsvista.imglobal.com](http://americorpsvista.imglobal.com) or by downloading the [Member Enrollment Form](#) and sending to IMG.

For details about the AmeriCorps VISTA Health Benefit Plan and the AmeriCorps VISTA Healthcare Allowance, please visit: [americorpsvista.imglobal.com](http://americorpsvista.imglobal.com).

## Paid Leave

### *Personal Leave*

You are entitled to 10 service days of personal leave during each full year of service. A service day is equivalent to the number of hours your sponsoring organization considers a typical full day of service. If you reenroll or extend service with the same project without a break in service, you are entitled to any unused personal leave earned in your prior term of service. Members who extend their period of service earn one day of personal leave for every 30 days of the extension.

You must request and receive approval in advance from the VISTA Supervisor for all personal leave, specifying the dates of leave requested. Request for Leave forms are located on Google Drive. If you need to take leave,

please submit your leave request at least a week prior to the date of the leave.

### *Medical Leave*

You are entitled to 10 service days of medical leave during each full year of service. If you reenroll or extend service with the same project without a break in service, you are entitled to any unused medical leave earned in your prior term of service. Members who extend their period of service earn one day of medical leave for every 30 days of the extension. A service day is equivalent to the number of hours your sponsoring organization considers a typical full day of work. Partial days of medical leave also may be granted to the member. All living allowances continue during medical leave periods.

You are required to request prior approval for medical leave, except for extenuating circumstances when you are physically unable to request prior approval, from the sponsoring organization or supervisor. You should also specify the hours or dates of leave requested.

### *Holidays*

COT VISTA members enjoy the national holidays that are recognized by their sponsoring organization, The Alabama-West Florida Conference, and are given as time off to the rest of the organization's personnel. Members do not get excused leave for federal holidays that are not recognized by their sponsoring organization.

The following national holidays (9) are observed by the Alabama-West Florida Conference.

New Year's Day  
Martin Luther King, Jr. Day  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day and Friday (COT Break)  
Christmas Day (COT Break)

### **End-of-Service Benefit**

At the beginning of your VISTA service, you elect to receive the **end-of-service stipend** or the **Segal AmeriCorps Education Award** (education award) as your post- service benefit. The education award may be used to repay eligible student loans or pay for educational costs at eligible institutions of higher education.

The **end-of-service cash stipend** is awarded to members who successfully complete 12 months of service. Members generally do not receive a stipend if they do not complete 12 months of service. However, if a member's service ends early for a compelling personal circumstance, the member may receive a prorated stipend. Estimate: \$1800 before taxes

The **Segal AmeriCorps Education Award** (education award) is a post service benefit that is used to pay for education costs at eligible institutions of higher education, for educational training, or to repay eligible student loans. The education award for a year of full-time service equals the maximum Pell Grant level during the fiscal year in which a member begins service. Members can use the education award in full or in part and can take up to seven years after your term of service has ended to use the award. Estimate: \$5900