



The Stockbridge-Munsee Council believes that all people who are eligible for COVID-19 vaccination should prioritize vaccination in order to promote the safety of themselves and others as part of the recovery process from the COVID-19 pandemic.

Herd immunity is a critical goal to end the spread of COVID-19 and prevent the further development of variants which can be more infectious and deadlier. The generally accepted standard for herd immunity is an 80% fully- vaccination rate of the population. To encourage Tribal members to be vaccinated as soon as possible to achieve herd immunity, the Tribal Council is providing an early vaccination incentive.

This early vaccination incentive program is intended to promote the general welfare of Tribal members and therefore is not considered lavish or extravagant or a compensation for services. It is intended to fall within the IRS income exclusion guidelines for Tribal general welfare programs (26 U.S.C. 139E) that are not considered taxable income.

The Tribal Council has authorized a continuation of the vaccination incentive program to include an incentive payment of \$250 to Tribal members that are fully vaccinated against COVID-19 by December 31, 2021 and have not already received a vaccine incentive payment.

In order to be eligible for the incentive payment, Stockbridge Munsee Tribal members age 12 and over must be fully vaccinated against COVID-19 by December 31, 2021. (Tribal members who have already received a vaccine incentive payment of \$250 are not eligible to receive an additional payment.) Evidence that that you are fully-vaccinated must be attached to the completed form. Submit to: Vaccination Incentive PO Box 70 Bowler, WI 54416 or [michelle.hirst@mohican.com](mailto:michelle.hirst@mohican.com); [karla.bowman@mohican.com](mailto:karla.bowman@mohican.com)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal ID#: \_\_\_\_\_ SSN# Last 4 digits: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Select a payment type:  Mail (paper check)

Direct deposit: Bank Name: \_\_\_\_\_

Account Type (Check one):  Checking  Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/guardian signature if under age 18)

Attach a copy of your immunization card or a record from the showing your that your fully vaccination to this form.