



**5 A DAY CHALLENGE
WELLNESS BENEFIT PROGRAM APPLICATION
FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS**
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58365 (08-07)

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328-3900 • 1-800-803-7377 • Fax 701-328-3920**

Thank you for your interest in the Wellness Benefit Program (WBP). This program offers benefits to help state agencies or political subdivisions provide work site health promotion activities to their employees. The Wellness Benefit Program is available to employer groups that participate in the NDPERS group health plan and participate in the Employer Based Wellness Program. If an agency has more than one location, more than one program may be funded if the locations are geographically separate and if there is evidence of planning at each location. Two or more agencies/political subdivisions can submit a joint application.

Complete this application answering every question as completely as possible, using an extra sheet of paper if additional space is needed. Incomplete applications will be returned.

I. WORKSITE INFORMATION		Fiscal Year Request Applies to:
Agency/Subdivision Name		Dept. #
Address	City/State	Zip Code + 4
Name of Wellness Coordinator		Title
E-Mail Address		Phone Number
Is this a joint application with another eligible employer group?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list employer name(s) and contact person(s).		
Number of active employees at the site or sites to which this application applies. Use the count from your group insurance billing. If you are a division or district office, include only count for your location, not the agency statewide. If joint application, include count for both groups.		
Does this request for funding correlate to a program on your Employer Based Wellness Program Discount Application for the above indicated fiscal year?		Yes <input type="checkbox"/> No <input type="checkbox"/>
II. PROGRAM & FUNDING INFORMATION		
<p>The program funds wellness benefits for healthy lifestyle programs. Funds are available for agency group programs and program related activities only. Individual memberships in diet programs, health, athletic or fitness clubs are not eligible for reimbursement. Also, the program will not fund the expense of incentives, prizes or gift certificates, services for massages, food items or services, bottled water or water dispensers, exercise equipment or health monitoring equipment or printing expenses. Employer's should fund these items through other means available based on their budget authority or you may consider an employee contribution to help offset these costs. In addition, funds cannot be used for the benefit of dependents, the general public, or in the case of a campus or school, for students. Applications are reviewed and benefits awarded by the Wellness Committee within 60 days of receipt by the PERS office. You will be notified of the committee's decision.</p>		
III. HOW TO GET STARTED		
<p>Please copy and distribute the "We Want to Hear From You" survey to all eligible employees. Be sure to fill in the information where requested. Allow at least 10 business days for employees to complete and return the surveys. After the interest surveys have been returned, complete this application.</p>		

<p>1. Describe how you identified/assessed the employees' need or interest for the program. Include copies of the completed "We Want to Hear From You!" employee surveys and any other documentation or written comments which indicate employee interest for the program.</p>
<p>2.</p> <p>a. How many interest surveys did you distribute? _____</p> <p>b. How many interest surveys were returned? (Submit copies with completed application.) _____</p>
<p>3. The 5 A Day Challenge program has the potential to help employees increase their fruit and vegetable intake. Consuming five to nine servings of fruits and vegetables per day may reduce the risk of cancer, heart disease, stroke, diabetes, and other diseases.</p> <p>Please list other ways that this program will benefit the employees in your agency/department. Describe how this program will benefit the employees in your agency/group:</p>
<p>4. Will you as the employer contribute to the cost of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe your contribution to the program:</p>
<p>5. There is a mandatory \$1.00 per participant fee for each educational session. Will you collect other fees from the participant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list fee per participant: \$ _____</p>
<p>6. What is the estimated number of individuals you expect to participate in the program? (Use your survey results as a guide.)</p>

7. Describe the methods you will use to promote the program:

8. What plans have you made for ongoing employee involvement? (Check all that apply):

- Consider implementing policies that address the food served at meetings and conferences.
- Consider making healthier food choices available in vending machines and in the cafeteria.
- Consider providing fruit and vegetable food options whenever food is served at company functions.
- Consider providing healthier snack options during meetings or in the employee break room.
- Consider providing refrigeration for employees to store perishable food that they bring from home to eat.

9. Describe how your director/board/management will be involved in the program.

10. Have you sponsored other wellness programs?

Yes No

If yes, describe the program(s).

IV. AGENCY AUTHORIZATION

Signature _____ Date _____
Agency Designated Wellness Coordinator Signature

**Submit the application to NDPERS
Retain a photocopy for your records**



5 A DAY CHALLENGE "We Want to Hear From You" Interest Survey

Employer Name:

Program Information: We are considering offering the *5 A Day Challenge* program to employees.

What is the PERS 5 A Day Challenge Program? The *5 A Day Challenge* program brings tools and information to help improve your health by focusing on the number of times you eat fruits and vegetables each day. The *5 A Day Challenge* provides two educational sessions provided by Public Health nutritionists or Extension professionals, recipes, ideas for incorporating more fruits and vegetables into your daily routine, and a challenge to help you track and increase your number of daily fruit and vegetable servings.

How does the Challenge work? You challenge yourself by tracking the number of fruits and vegetables you eat each day over a four-week period, using your 5 Plus 5 Tracking Form. Aim for a wide variety of fruits and vegetables. You'll get a more colorful day and the opportunity to improve your health!

Why should I eat 5 A Day? Research has shown that eating at least five servings of fruits and vegetables a day may reduce the risk of cancer, heart disease, stroke, diabetes, and other diseases. People who eat 5 A Day have one-third the risk of developing cancer compared to those who eat only one to two servings a day. In fact, eating a diet rich in fruits and vegetables could prevent more than 20 percent of cancer deaths each year.

Survey:

To assist us in learning your interest in this program, please answer the following questions:

1. Are you interested in participating in this program? Yes No

2. What would motivate you to participate in a worksite wellness program?
 - Participation during work time
 - If I felt it was of personal benefit to my health
 - Financial incentives (Reduction of insurance premiums, discounts, extra days off etc.)
 - Prizes, gifts certificates
 - Convenient location
 - Nothing would motivate me to participate in a wellness program at work
 - Other: _____

3. Would you be willing to pay a registration fee to help fund the program and pay for incentive prizes?
Yes No

4. If yes, what dollar amount would you be willing to contribute?

\$1-10 \$10-20 \$20-30 >\$30

Return this survey to:

Due By:

Thank you for completing this survey!