NDPERS Wellness
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EMPLOYER BASED WELLNESS PROGRAM DISCOUNT APPLICATION

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58436 (10-2010) Includes Funding Program Application Addendum SFN 58361

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

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

PART A	**ORGANIZATION INFORMATION**
Organization Name {stdOrgName}	Organization Id {stdOrgCodeID}
Wellness Coordinator	
E-Mail	Telephone number
Number of active employees who are enrolled in the State of North Dakota Health Insurance Plan:	
Are you joining efforts with another NDPERS employer group? ☐ YES ☐ NO If yes, indicate the other employer group name and contact person.	
Estimated number of individuals participating in the Wellness Program (percentage of employees participating):	

PART B MANDATORY REQUIREMENTS

Affirmative answers to the following questions are mandatory. Please affirm by initialing each box.

☐ Wellness Concurrence form signed by top management?
☐ Wellness Coordinator assigned to agency/group?
☐ Someone from the agency/group to attend or view the NDPERS Wellness Forum?

PART C MANDATORY FIVE (5) POINT SYSTEM

Five (5) points are required to qualify for the wellness discount. Please affirm by checking each box.

☐ Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and if a state agency, university or district health unit, promote the NDPERS smoking cessation program to employees. **(1 Point)**
☐ Complete a wellness activity/program. **(2 Points)**
☐ Complete a different wellness activity/program. **(2 Points)**
☐ Complete a comprehensive wellness program.
(See definition on NDPERS website for details.) (**4 Points)** **TOTAL**_____

PART D WELLNESS ACTIVITY DESCRIPTION

Program 1 - Short-Term Wellness Activity:

Describe the wellness activity/program you plan on offering:

Describe what methods you will use for promotion and motivation:

Program 1 - Short-Term Wellness Activity: Continued.

	YES	NO
Does your program benefit the employees in your agency/group?	☐	☐
Do you have an evaluation plan to measure the effectiveness of your program?	☐	☐
Can employees continue participation after the initial program rollout?	☐	☐
Will management be involved in the program?	☐	☐

Program 2 - Short-Term Wellness Activity:

Describe the wellness activity/program you plan on offering:

Describe what methods you will use for promotion and motivation:

	YES	NO
Does your program benefit the employees in your agency/group?	☐	☐
Do you have an evaluation plan to measure the effectiveness of your program?	☐	☐
Can employees continue participation after the initial program rollout?	☐	☐
Will management be involved in the program?	☐	☐

Program 3 - NDPERS Approved Comprehensive Wellness:

Describe the wellness program you plan on offering:

Describe what methods you will use for promotion and motivation:

	YES	NO
Does your program benefit the employees in your agency/group?	☐	☐
Do you have an evaluation plan to measure the effectiveness of your program?	☐	☐
Can employees continue participation after the initial program rollout?	☐	☐
Will management be involved in the program?	☐	☐

PART E WELLNESS FUNDING INFORMATION

	YES	NO
Do you intend to request assistance from the Wellness Benefit Funding Program?	☐	☐

If yes, a Wellness Benefit Funding Program Application SFN 58361 must be completed and submitted with this application. SFN 58361 must include request for funds for all programs being proposed for wellness plan year.

PART F WELLNESS COORDINATOR APPROVAL

Wellness Coordinator Signature:	Date:

Return the application and SFN 58361 (if applicable) to NDPERS.
Please retain a photocopy for your records.

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WELLNESS BENEFIT FUNDING PROGRAM APPLICATION
FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58361 (Rev. 10-2010) Addendum to SFN 58436 Employer Discount Application

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 Discount 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

Organization Name {stdOrgName}	Organization Id {stdOrgCodeID}

II. PROGRAM & FUNDING INFORMATION

The program funds wellness benefits for healthy lifestyle programs. This application includes a sample survey document for your convenience. If you are requesting funding for the PERS Fruits & Veggies Challenge, the "We Want to Hear From You" survey is a mandatory requirement. It is voluntary for all other programs. However, it is worth points in the evaluation of your funding request.

Funds are available for agency group programs and program related activities only. The following activities/services are not eligible for reimbursement:

- Food items or services, bottled water or water dispensers
- Incentives, prizes or gift certificates
- Services for massages
- Individual memberships in diet programs, health, athletic or fitness clubs
- Exercise equipment or health monitoring equipment (blood pressure cuffs. blood sugar testing kits, etc.)
- Printing expenses
- Expenses for mailing or office supplies
- CPR certification training

Employers 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 NDPERS office. You will be notified of the committee's decision.

1. Describe how you identified/assessed the employees' need or interest for the program. Include copies of supporting documentation (i.e. meeting minutes, agency mission statement, policy or goals, survey instrument, indicative data such as health statistics, lifestyle habits, etc.)

2. Did you conduct an employee interest survey? ☐ Yes ☐ No
(The "We Want to Hear From You" survey is required if funding request is for the PERS Fruits & Veggies Challenge.) If Yes, include a copy of the survey questionnaire(s) or copy of the questionnaire along with the aggregate results to each question.

If yes, how many surveys did you distribute? _____ How many surveys were returned? _____

3. Detail the program expenses by listing the supplies and/or services and estimated cost for each (may use previous year's information as an estimate, if applicable). Provide copies substantiating program expenses, if available:

Total Estimated Expense: $_____ Estimated # expected to participate in the program? _____

Estimated Cost Per Participant: $_____ (divide total expense by estimated # of participants)

Funding is being requested for the following programs detailed on the Employer Based Wellness Program Discount Application (check all that apply): ☐ Program 1 ☐ Program 2 ☐ Program 3

What is the expected duration of the program? ☐ (Number) (check one) ☐ Days ☐ Weeks ☐ Months ☐ Year

4. Will you as the employer contribute to the cost of the program? ☐ Yes ☐ No

If yes, describe your contribution to the program: **$**_____ or _____%

5. Will participants be required to contribute to the cost of the program? ☐ Yes ☐ No

If yes, list participant contribution $ _____ or _____%

6. Have you sponsored other wellness programs? ☐ Yes ☐ No

If yes, provide examples:

III. AGENCY AUTHORIZATION

Signature _____ **Date** _____

Agency's Designated Wellness Coordinator's Signature

If applying for funding, this application must be submitted to NDPERS with the Employer Based Wellness Program Discount Application

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"We Want to Hear From You"
Interest Survey

If you are requesting funding for the PERS Fruits & Veggies Challenge, this survey must be distributed and the completed copies must be submitted to NDPERS with this application. This survey is voluntary for all other program proposals.

Organization Name:

Description of Program:

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!
Retain a photocopy for your records