



## WELLNESS BENEFIT FUNDING PROGRAM APPLICATION

FOR STATE AGENCIES AND POLITICAL SUBDIVISIONS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58361 (Rev. 01-2019) Addendum to SFN 58436 Employer Discount Application

**NDPERS • 400 East Broadway • 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	Organization ID
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### II. PROGRAM & FUNDING INFORMATION

This program funds group wellness program(s) and eligible equipment to assist employers in facilitating the administration of healthy lifestyle programs for their employees' wellbeing.

For a list of covered programs and equipment as well as non-eligible items, visit the Employer Wellness Benefit Funding Program on the NDPERS website.

**Funding is limited and will only be provided on a first approved and first requested basis. NDPERS must provide written approval to your application before any funds are expended. Equipment ordered, funds expended or invoiced dated prior to the NDPERS date of notification are not eligible for reimbursement under this program.**

**Approval of your organization's application for funding does not guarantee availability of funds. This means that if the expenses for covered programs and equipment are incurred once NDPERS available funding has been depleted, your organization is ineligible for reimbursement.**

If you are requesting funding for the NDPERS 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.

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? (Sample survey included for your convenience) <input type="checkbox"/> Yes <input type="checkbox"/> No (The "We Want to Hear From You" survey is required if funding request is for the NDPERS <u>Fruits &amp; Veggies Challenge</u> .) 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, number of surveys distributed	Number of surveys 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 number 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

Expected duration of the program.

Insert 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** Agency's Designated Wellness Coordinator's Signature

By my signature, I acknowledge that I understand reimbursement funds for the purchase of eligible covered equipment and costs incurred in the implementation of wellness activities and programs are only available while NDPERS wellness funding exists. NDPERS and its wellness committee does not guarantee expense(s) reimbursement based on the approval of this application. Furthermore, my organization is responsible, at a minimum, for any fees in excess of the approved reimbursement amount by NDPERS. Additional fees may include but are not limited to injuries, equipment maintenance and disposal, and are the financial responsibility of my organization and not the NDPERS Employer Wellness Funding Program. Additionally, I agree that any covered programs and equipment are for the exclusive use of my organization employees and excludes any other individuals not directly employed by my organization. Finally, I understand that my organization is the sole owner of any purchased equipment and will therefore, take the necessary steps to inventory, clean, maintain and dispose of any items purchased with the financial assistance of this program.

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



## **"We Want to Hear From You" Interest Survey**

If you are requesting funding for the NDPERS 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. What would motivate you to participate in a worksite wellness program?	
<input type="checkbox"/> Participation during work time	
<input type="checkbox"/> If I felt it was of personal benefit to my health	
<input type="checkbox"/> Financial incentives (Reduction of insurance premiums, discounts, extra days off etc.)	
<input type="checkbox"/> Prizes, gifts certificates	
<input type="checkbox"/> Convenient location	
<input type="checkbox"/> Nothing would motivate me to participate in a wellness program at work	
<input type="checkbox"/> Other: _____	
3. Would you be willing to pay a registration fee to help fund the program and pay for incentive prizes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If yes, what dollar amount would you be willing to contribute?	
<input type="checkbox"/> \$1-10 <input type="checkbox"/> \$10-20 <input type="checkbox"/> \$20-30 <input type="checkbox"/> >\$30	
Return this survey to	Due by

**Thank you for completing this survey!  
Retain a photocopy for your records**