



**EMPLOYER BASED WELLNESS PROGRAM DISCOUNT APPLICATION**

**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
 SFN 58436 (Rev. 01-2022) Includes Funding Program Application Addendum SFN 58361

**NDPERS • PO Box 1657 • Bismarck • ND • 58502-1657**  
**(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920 • ndpers-info@nd.gov**

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	Organization ID
Wellness Coordinator	
E-Mail Address	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? <input type="checkbox"/> YES <input type="checkbox"/> NO  <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 60%;">                     If yes, indicate the other employer group name and contact person                 </div>	
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.**

<input type="checkbox"/>	Wellness Concurrence form signed by top management?
<input type="checkbox"/>	Wellness Coordinator assigned to agency/group?
<input type="checkbox"/>	Someone from the agency/group to attend or view the annual workshop?

**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 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. **(4 Points)**  
 (See definition on NDPERS website for details.)
- 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

<b>Program 1 - Short-Term Wellness Activity: Continued</b>		
	YES	NO
Does your program benefit the employees in your agency/group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an evaluation plan to measure the effectiveness of your program?	<input type="checkbox"/>	<input type="checkbox"/>
Can employees continue participation after the initial program rollout?	<input type="checkbox"/>	<input type="checkbox"/>
Will management be involved in the program?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Program 2 - Short-Term Wellness Activity</b>
Describe the wellness activity/program you plan on offering

Describe what methods you will use for promotion and motivation
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	YES	NO
Does your program benefit the employees in your agency/group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an evaluation plan to measure the effectiveness of your program?	<input type="checkbox"/>	<input type="checkbox"/>
Can employees continue participation after the initial program rollout?	<input type="checkbox"/>	<input type="checkbox"/>
Will management be involved in the program?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Program 3 - NDPERS Approved Comprehensive Wellness</b>
Describe the wellness program you plan on offering

Describe what methods you will use for promotion and motivation
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	YES	NO
Does your program benefit the employees in your agency/group?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an evaluation plan to measure the effectiveness of your program?	<input type="checkbox"/>	<input type="checkbox"/>
Can employees continue participation after the initial program rollout?	<input type="checkbox"/>	<input type="checkbox"/>
Will management be involved in the program?	<input type="checkbox"/>	<input type="checkbox"/>

**PART E WELLNESS FUNDING INFORMATION**

Do you intend to request assistance from the Wellness Benefit Funding Program?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

*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 (Electronic Signature will not be accepted)	Date
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**Return the application and SFN 58361 (if applicable) to NDPERS.  
 Please retain a photocopy for your records.**