



58436

EMPLOYER BASED WELLNESS PROGRAM DISCOUNT APPLICATION
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58436 (Rev. 06-2025) 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		
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 Program Commitment Agreement SFN 58643 signed by top management?
	Wellness Coordinator assigned to agency/group?
	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

Program 1 - Short-Term Wellness Activity: Continued											
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?	<table style="margin: auto;"> <tr> <th style="padding: 2px 10px;">YES</th> <th style="padding: 2px 10px;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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											
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?	<table style="margin: auto;"> <tr> <th style="padding: 2px 10px;">YES</th> <th style="padding: 2px 10px;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Program 3 - NDPERS Approved Comprehensive Wellness											
Describe the wellness program you plan on offering											
Describe what methods you will use for promotion and motivation											
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?	<table style="margin: auto;"> <tr> <th style="padding: 2px 10px;">YES</th> <th style="padding: 2px 10px;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PART E WELLNESS FUNDING INFORMATION											
Do you intend to request assistance from the Wellness Benefit Funding Program?	<table style="margin: auto;"> <tr> <th style="padding: 2px 10px;">YES</th> <th style="padding: 2px 10px;">NO</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>						
YES	NO										
<input type="checkbox"/>	<input type="checkbox"/>										
<i>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.</i>											
PART F WELLNESS COORDINATOR APPROVAL											
Wellness Coordinator Signature (Electronic Signature will not be accepted)	Date										

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