



EMPLOYER BASED WELLNESS PROGRAM – COMMITMENT AGREEMENT
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 58643 (Rev. 01-2022)

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

PART A EMPLOYER INFORMATION

Organization Name		Organization ID
Name of Organization's Head/Contracting Authority		
Mailing Address		
City	State	ZIP Code

PART B COMMITMENT AGREEMENT

As signified by my signature on the bottom of this page, I commit my support towards promoting and implementing a worksite wellness program. I understand that in order to have success, I must also promote a healthy supportive worksite culture by encouraging employees to communicate openly, be open to change, and to work together as a team. Further elements of a healthy worksite that I will strive for are encouraging employees to have fun, grow in the skills and talents that their job requires, keep work, personal and family time in balance and view risks as an opportunity to learn, even if an idea fails. Whenever possible, flexible work schedules will be available to staff.

Signature of Agency/Subdivision's Head/Contracting Authority (Electronic Signature will <u>not</u> be accepted)	Date
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PART C WELLNESS COORDINATOR CONTACT INFORMATION

Name of Appointed Wellness Coordinator		
Telephone Number	E-Mail Address	
Mailing Address		
City	State	ZIP Code