

My Wellbeing Plan and Incentive Authorization

Once completed, please send this form to Everence, Attn: The Corinthian Plan Administrator, PO Box 483, Goshen, IN 46527, fax to 574-537-6642 or send as an email attachment to wellness@everence.com. The wellbeing retreat day must be completed within the current wellness cycle of March 1 through Feb. 28 and submitted no later than March 15 following the end of the wellness cycle. **All incentive requirements must be completed and signed off by the end of February. There is a grace period until March 15 to allow for the submission of forms. Paperwork post marked after the March 15 deadline will be considered for the new Incentive cycle that begins on March 1.**

Name _____

Email address _____

Are you Employee Spouse

Congregation _____ Conference _____

Time expectation: 45 to 60 minutes

Introduction: (Consider using a private journal for your introduction responses.)

Settle into the moment. You might light a candle.

Offer gratitude and respect for life.

Offer gratitude and respect for your body. It has brought you to this day, and moment.

Review the past year. What have you found renewing to your wellbeing? What has been challenging?

Scale your readiness for making a wellbeing plan for the next wellness cycle. (1 low, 10 High)

1	2	3	4	5	6	7	8	9	10
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If you find your readiness is low, or lower than you expected, consider earning the incentive through a conversation with a MC USA wellbeing specialist. They can help you explore areas of resistance or hesitation.

When ready, name the wellbeing focus that is coming forward for you this cycle (whole person wellness encouraged). Use the form below to create your wellbeing plan.

Wellbeing Plan:

Please answer the following questions to create a wellbeing plan, using additional paper as needed. Completing a wellbeing plan qualifies you to receive \$150 in the Wellness Incentive Program from The Corinthian Plan. You are strongly encouraged to share your wellbeing plan with someone after completing it.

Describe in detail the wellbeing goal(s) you have

How do you plan to accomplish your goal(s)? Think in terms of both short-term and long-term plans that will be necessary.

What are some of the ways you will know you have been successful? Consider several ways of measuring your success. (For example: not just pounds of weight you will lose, but also positive habits you will have developed, relationships you will have created, new skills you will have mastered.)

What will you do to stay on track or get back on track with your plan when motivation lags or setbacks happen?

Who can you count on for support and accountability?

If you would like a check-in for accountability (not required, but recommended) from the wellbeing specialist, please complete the following questions.

Approximate date for desired check-in: _____

Check one or both preferred contact methods: Email _____ Phone number _____

What would you like to be asked when contacted? _____

Wellness incentive authorization

I (employee) or my spouse have completed a well-being plan. I would like the \$150 wellness incentive money I am eligible for to be:

- Paid to me by check (your employer will include this as taxable income on your W-2 statement).
- An employer HSA contribution made directly to my Everence* HSA (not taxable income or tax-deductible HSA contribution but counts toward my annual HSA contribution limit). The number of my Everence health savings account is _____.
- Contributed to the Mennonite Church USA's Fair Balance Subsidy Fund that provides health premium assistance (your employer will include this as taxable income on your W-2 statement and you also may claim it as a tax-deductible contribution). Everence will match your contribution.

**If you have a different custodian for your HSA, you will need to have the check paid to you and make the contribution yourself.*