

Enrollment Form

Wellness Incentive Program

To enroll in the Wellness Incentive Program of The Corinthian Plan if you have waived CEP health plan coverage, please complete and return 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. Information on how to participate in the Wellness Incentive Program is available on The Corinthian Plan webpage at mennoniteusa.org/tcp.

Employer information

Employer _____ Employer location _____

Employee information

Employee _____
first middle last

Address _____
street city state zip

Social Security number _____ Birth date _____

Email address _____ Gender M F

Marital status single married widowed separated divorced

Spouse information (if applicable)

Spouse _____
first middle last

Social Security number _____ Birth date _____

Gender M F

Signature of employee

Date