

Conference Growth/Accountability Plan 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 conference growth/accountability plan 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 of employee _____

Employer _____ Conference _____

I (employee) completed a conference growth/accountability plan that was approved by MC USA on _____

I (employee) would like the wellness incentive money I am eligible for by completing the conference growth/accountability plan (\$150) 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.*

Signature of employee

Date