**2019-2020 Wellness Incentive (only)**

**Self-report form for alternative options to the wellness exam**

(wellness incentive value: $150)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation/Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check if Employee: \_\_\_\_\_\_\_\_\_\_ Check if Spouse:\_\_\_\_\_\_\_\_\_\_

Sign/Initial the line that applies:

1. \_\_\_\_\_\_\_\_\_\_ Completed or updated end of life documents
2. \_\_\_\_\_\_\_\_\_\_ Hosted a sharing circle to discuss my end of life wishes with family/loved ones
3. \_\_\_\_\_\_\_\_\_\_ Participated in regular (i.e. monthly) check-ins with a spiritual director during

2019-2020 incentive cycle

1. \_\_\_\_\_\_\_\_\_\_ Completed the [Sharecare Real Age test](https://www.sharecare.com/static/realage)
2. \_\_\_\_\_\_\_\_\_\_ Introduced the [MCUSA Congregational Well-being Checklist](https://www.mennoniteusa.org/ministry/church-vitality/wellbeing-in-ministry/) to my

congregation's ministry leadership team and/or the pastor support committee,

and encouraged the completion of the process by the congregation.

In the space below share an outcome of the above activity, and how it contributed to your overall well-being: (*Response* *required*)

To claim your $150 Corinthian Plan wellness benefit submit this form to Everence, Third Party Administrator, by the end of February 2020. 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