

# Wellbeing Retreat Day 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](mailto: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 postmarked after the March 15 deadline will be considered for the new incentive cycle that begins on March 1.**

Name \_\_\_\_\_

Email address \_\_\_\_\_

Are you  Employee  Covered spouse

Congregation \_\_\_\_\_ Conference \_\_\_\_\_

### **Schedule a Wellbeing Retreat Day:**

Set time aside from your usual tasks and responsibilities in order to be fully present with God, self and the moment. The wellbeing retreat invitation is to remove distraction in order to open space for rest, rejuvenation, reflection and reconnection with your body. One of the desired outcomes is the return to "regular life" with the capacity to see with new eyes and think with a new mind about your current state of health and wellbeing. The same situations, circumstances, roles and responsibilities await, but we are transformed.

In completing this form, I acknowledge I have completed a Wellbeing Retreat Day (Time commitment: 6 hour minimum) on \_\_\_\_\_(date)

Tell us where you went for the retreat and briefly explain why you chose this location:

Share a brief outline of the day's activities you experienced:

Describe in a few sentences any wellbeing plans or goal(s) that came out of your time away to reflect on your wellbeing:

**Wellness incentive authorization**

I (employee) or my covered spouse have completed a well-being retreat day. 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). My Everence HSA account number 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.*

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Signature of employee

Date