

# 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](mailto:wellness@everence.com).

Name \_\_\_\_\_

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

Are you  Employee  Spouse

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

Please answer the following questions to create a wellbeing plan, using additional paper as needed. This is an alternative activity to engaging in a wellbeing conversation with the wellbeing specialist. Completing either one of these two options 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 a wellbeing goal(s) you have:

How do you plan to accomplish this 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 address \_\_\_\_\_

Phone number \_\_\_\_\_

What would you like to be asked when contacted? \_\_\_\_\_

\_\_\_\_\_  
Signature of employee or spouse

\_\_\_\_\_  
Date

### Wellness incentive authorization

I (employee) or my spouse have completed a wellbeing 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.*

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date