

# 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](mailto: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.

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