

# 2017

# LIVE WELL AT WCIF WELLNESS GRANT PROGRAM REGULATIONS & APPLICATION



## INSTRUCTIONS:

Complete and submit this application along with any supporting documents via mail, fax or email to the following contact no later than **April 28, 2017**.

Attention: Janée Mandery  
Washington Counties Insurance Fund  
2620 RW Johnson Rd SW Suite 300  
Tumwater, WA 98512  
janee@wcif.net | fax: 360-754-7859

*NOTE: Upon submission you will receive notice of your application status within 1 - 2 weeks.*

## SECTION I: WELLNESS GRANT PROGRAM

The Washington Counties Insurance Fund (WCIF) is committed to controlling health care costs and maintaining affordable premiums for member employers, and health promotion as it is an important part of that commitment.

### I. Purpose

Support WCIF member employers in the implementation of long-term worksite wellness programs that will benefit employees and employers through healthy lifestyles, improved morale and productivity, and more prudent use of the health care system.

The WCIF Wellness Coordinator will work with the member employers to provide examples of employee wellness programs. The WCIF Wellness Coordinator will also provide support including recommended training, wellness newsletter publications, and other resources to assist member employers with their wellness efforts.

### II. Employer Responsibility

The employer must demonstrate a commitment to employee wellness by designating a wellness coordinator and/or wellness committee, supporting wellness coordinator and/or wellness committee member training, adopting wellness mission statement and creating healthy workplace policies.

If awarded a wellness grant, employers and its eligible members must actively participate in the Live Well at WCIF wellness program (See section I.-a. under Regulations).

In order to be eligible to apply for a wellness grant, the employer must have achieved at least 10% participation in the wellness program in its prior year. Exceptions may be made upon approval of the WCIF Wellness Coordinator. Groups exceeding 40%+ participation in its prior year may be awarded additional funds.

### III. Wellness Grant Fund Structure

WCIF uses a 5-class structure when awarding wellness grant amounts, as well as criteria for wellness activities being proposed. ***These amounts are based on the number of employees currently enrolled in WCIF medical plans.***

	Employer Group Size <i>(employees enrolled in WCIF medical plans)</i>	Amount
Class 1	Under 10 employees	\$500
Class 2	11 - 20 employees	\$1,000
Class 3	21 - 100 employees	\$2,000
Class 4	101 - 200 employees	\$3,000
Class 5	201+ employees	\$4,000

### IV. Criteria for a WCIF-Approved Wellness Program

- The member employer must complete a program planning process that includes; creating a Wellness Mission Statement and program goals, and developing an operating plan and timeline.
- Wellness program activities must be promoted effectively using multiple methods (ex. bulletin boards, emails, newsletters, interoffice communications, posters, verbal communications, etc.).
- Wellness program must include activity programs designed to promote behavior change and ongoing healthcare education.
- The member employer must evaluate program success through satisfaction surveys and/or tracking program participation.

*The WCIF Wellness Coordinator is available for consultation and assistance in setting up and evaluating the member employer programs.*

Wellness grants may only be used to expand existing targeted risk programs, or support new targeted risk programs. Examples of targeted risk programs that do qualify include:

- Cholesterol education and screening
- Blood pressure education and checks
- Physical activity programs
- Mental health improvement
- Weight management
- Diabetes prevention and control
- Stress management

Other programs will be considered if the proposed program is designed to reduce health risks.

Funds also may be used for employees classes, training, participation incentives and program materials.

## SECTION II: REGULATIONS

### I. Participation in the Live Well at WCIF Wellness Program

- a. Grant recipient employers **must** foster and maintain employee participation in the Live Well at WCIF wellness program provided by WCIF.

### II. Reimbursement

- a. Funds will only be paid out via reimbursement. Accurate documentation of expenditures in the form of itemized receipts must be provided before WCIF will send payment.
- b. Initial payment for services or items is solely the responsibility of the employer. WCIF will not accept direct invoices from third parties.
- c. Reimbursement requests must be done by completing a Request for Reimbursement Form and attaching copies of backup documentation.

Note: It is the responsibility of the grant recipient to fill out all requests for reimbursement accurately according to regulations stated in this document. Incomplete requests for reimbursement may be sent back to the grant recipient to be corrected and re-submitted for reimbursement.

- d. If an employers uses funds to purchase incentive prizes, the request for reimbursement of these expenditures **must** be submitted with a list of the first and last names of all incentive prize recipients.
- e. WCIF will only make reimbursement checks payable to the applicable wellness grant recipient **employer** or **employer-instituted account** (e.g., Sample County or Sample County Wellness Account, but *not* to individuals or outside vendors).
- f. WCIF reserves the right to deny payment for any unqualified wellness reimbursement request, regardless of past practices or perceptions.

### III. Use of Grant Funds

- a. Funds may only be used for wellness-related purposes; that is, **for reasons relevant to achieving sustainable healthier lifestyles and lifestyle practices for employees.**

Note: Expenditures made solely for the purpose of improving employee morale **do not** qualify as reimbursable.

- b. If an employer uses funds to purchase gift cards (i.e. prepaid Visa/MasterCard) or issue a check to incentivize participants, the amount purchased or issued may not exceed \$100 per gift card or check.
- c. Funds may not be used for voluntary gift-giving (ex. a gift card purchased for a volunteer in gratitude for his or her services is **not** an acceptable use of wellness grant funds).
- d. Funds may not be used to pay employees or volunteers for time spent in implementation, planning, conducting or any other matter relating to wellness activities.

### IV. Repurpose of Grant Funds

- a. Wellness grant funds may be repurposed for wellness activities and/or incentives with the approval of the WCIF Wellness Coordinator. The employer may submit activity proposals in writing for pre-approval (ex. what the activity is, how it benefits the employees, etc.).

### V. Deadlines for Use of Grant Funds and Submitting Requests for Reimbursement

- a. Funds must be utilized by December 31, 2017. Any items purchased thereafter will not qualify for reimbursement.

b. Reimbursement requests must be submitted to WCIF by January 12, 2018. Any requests submitted after this date will not be accepted.

**VI. Disclaimer**

Total wellness grant awards are subject to the approved budget appropriation. WCIF may place additional limits on grant amounts based on available funding, grant request criteria, and the number of employees participating in the Live Well at WCIF wellness program.

**SECTION III: WELLNESS GRANT APPLICATION**

**EMPLOYER**

Employer Name:

Physical Address:

Mailing Address:

Wellness Committee Chair:  Wellness Committee Chair Phone:

Wellness Committee Chair Email:

**WELLNESS COMMITTEE**

<b>Committee Member #1</b>	Name: <input type="text"/>	Phone: <input type="text"/>
	Email: <input type="text"/>	
<b>Committee Member #2</b>	Name: <input type="text"/>	Phone: <input type="text"/>
	Email: <input type="text"/>	
<b>Committee Member #3</b>	Name: <input type="text"/>	Phone: <input type="text"/>
	Email: <input type="text"/>	

For additional committee members please attach a separate sheet of paper.

**WELLNESS MISSION STATEMENT | Please type below.**

**WELLNESS MISSION STATEMENT | Select up to three.**

Health Target #1:

Health Target #2:

Health Target #3:

**LIVE WELL PROGRAM INTEGRATION & PROMOTION**

List **three ways** that you, if awarded a grant, will engage your employees in the Live Well at WCIF wellness program.

#1:

#2:

#3:

**PROPOSAL OF GRANT FUNDED ACTIVITIES**

List your proposed grant funded activities and provide explanation (to include activity details, timelines, operating plans, etc.). Then provide an estimated cost for all that your activity involves. Your activities should relate to the **Health Target(s)** and **Live Well Program Integration & Promotion** that you outlined above.

**Activity #1**

Title:

Explanation:

Cost:

**Activity #2**

Title:

Explanation:

Cost:

**Activity #3**

Title:

Explanation:

Cost:

For additional activities, supporting information, or other documentation please attach a separate sheet of paper.

**SECTION IV: SIGNATURE** | Review and sign below to confirm your understanding.

I/We, the wellness coordinator/committee, understand the regulations of the wellness grant program and, if awarded a grant, agree to abide by them.

Wellness Committee Chair:

Date:

Committee Chair #1:

Date:

Committee Chair #2:

Date:

Committee Chair #3:

Date:

**QUESTIONS?**

Contact your WCIF Wellness Coordinator, Janée Mandery at 360-292-4471 (toll-free 1-800-344-8570) or by email at [jane@wcif.net](mailto:jane@wcif.net).

All wellness program information can be found on the WCIF website at [www.wcif.net/employers/wellness](http://www.wcif.net/employers/wellness).

Admin Login: **admin**

Admin Password: **wcif1958**

*Login credentials are case sensitive.*