

SCHOOLS HEALTH INSURANCE FUND



Date: April 28, 2020

To: Schools Health Insurance Fund Commissioners and Wellness Coordinators

Re: 2020-2021 Wellness Grant Program

For the 7th year in a row, The Schools Health Insurance Fund is excited to offer an opportunity for school board entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted \$388,000 for such projects.

To allocate the funds appropriately, each entity must select the grant level that will best meet their needs and which will also allow them to develop and sustain an employee wellness program OR opt out of the program entirely.

The following programs are available:

Option 1	Comprehensive Biometric Screenings – on site finger prick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting
Option 2	Comprehensive Biometric Screenings - on site finger prick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting Tavi Health Wellness Challenges - Fun, engaging, and designed to impact a number of health behaviors. Each challenge includes full access from the desktop or through the FREE mobile app, which runs on Apple, Android, and Windows operating systems
Option 3	Comprehensive Biometric Screenings - on site finger prick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting Wellness Days – 2-3 times a year, the district may offer educational seminars, healthy cooking instructions or light fitness classes to employees.
Option 4	Design Your Own Program – This option will allow the district to continue with an existing program or design a new wellness plan for this school year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund.

Each option must include a Wellness Champion/Leader to encourage engagement and facilitate the program. Please submit who this representative and an optional stipend for this position.

The _____ Board of Education selects Option _____ and is willing to commit to management resources and will be financial responsible for any wellness expenses outside of the program, including employee incentives. The School Board will also form a Committee lead by a Wellness Coordinator that must meet at least twice a year that has the ability to lead and sustain the program

after the grant is expended. The School Board elects _____ to be its

Wellness Champion/Leader who will be paid \$_____ for the year. Please explain estimated hours of work to promote and coordinate. Also include total locations in your district. *Stipends may be adjusted depending on budgetary allowances.*

The _____ Board of Education Opt's out of the Schools Health Insurance Fund Wellness Grant Program entirely.

Applications are due by May 20, 2020 Please send all completed and signed applications to: Emily Koval at PERMA Risk Management Services | 9 Campus Drive, Suite 216 | Parsippany, NJ 07054 or email to: emilyk@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	

