NDPERS Wellness
building healthy members

EMPLOYER BASED WELLNESS PROGRAM – COMMITMENT AGREEMENT

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 58643 (01-2014)

NDPERS ● PO Box 1657 ● Bismarck ● North Dakota 58502-1657
(701) 328-3900 ● 1-800-803-7377 ● Fax 701-328-3920

PART A: EMPLOYER INFORMATION		
Organization Name:		Organization Id:
Name of Organization's Head/Contracting Authority:		
Mailing Address:		
City:	State:	Zip Code + 4:

PART B: COMMITMENT AGREEMENT

As signified by my signature on the bottom of this page, I commit my support towards promoting and implementing a worksite wellness program. I understand that in order to have success, I must also promote a healthy supportive worksite culture by encouraging employees to communicate openly, be open to change, and to work together as a team. Further elements of a healthy worksite that I will strive for are encouraging employees to have fun, grow in the skills and talents that their job requires, keep work, personal and family time in balance and view risks as an opportunity to learn, even if an idea fails. Whenever possible, flexible work schedules will be available to staff.

_____ _____

Signature of Agency/Subdivision's Head/Contracting Authority Date

PART C: WELLNESS COORDINATOR CONTACT INFORMATION		
Name of Appointed Wellness Coordinator:		
Telephone Number:	E-Mail Address:	
Mailing Address:		
City:	State:	Zip Code + 4:

Note: State agencies must participate in the program to obtain the group rate funded by the legislature this biennium