Central Jersey FUND

CENTRAL JERSEY HEALTH INSURANCE FUND

Date: December 17, 2024

To: CJHIF Fund Commissioners

Re: 2025 Wellness Grant Program

For the ninth year in a row, The Central Jersey Health Insurance Fund is excited to offer an opportunity for member entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted $150,000 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** – onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met.
Option 2	**Comprehensive Biometric Screenings** - onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met. **Wellness Days –** 2-3 times a year, the district may offer educational seminars, healthy cooking instructions or light fitness classes to employees.
Option 3	**Design Your Own Program –** This option will allow the member to continue with an existing program or design a new wellness plan for this Fund 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. **Complete the attached form.**

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. Stipend is to be paid out by the Twp/Borough.

The Township/Borough of _____ selects Option

_____ and is willing to commit to management resources and will be financially responsible for any wellness expenses outside of the program, including employee incentives. The municipality will also form a Committee that must meet at least twice a year, lead by a Wellness Champion/Leader that has the ability to lead and sustain the program after the grant is expended. The Municipality elects

_____ to be its Wellness Champion/Leader who will be paid

$_____ for the year.

OR

The _____ Municipality opts out of the Central Jersey Health Insurance Fund Wellness Grant Program entirely.

Applications will be accepted through June 30, 2025. Please send all completed and signed applications to: HIFAdmin@permainc.com

Agreed to and authorized by:

Name:	
Title:	
Date:	

Municipality name: _____

Option 3: Build your own – Please describe below or attach your desired program.

Detailed description of program	
Location(s) where program will be held	
Implementation timeline	
Other requirements	
Cost	

Agreed to and authorized by:

Name:	
Title:	
Date:	

- **The Fund will reimburse approved expenses monthly by submitting a complete voucher (enclosed) to HIFFinance@permainc.com . Please include the signed voucher along with back up documents and receipts.**
- **Only approved wellness expenses will be reimbursed.**
- **All reimbursements will be made payable to the Township/Municipality only, not individual employees, including stipends.**
- **Please allow up to 45 days for payment.**

Central Jersey Health Insurance Fund

PERMA
c/o Conner Strong and Buckelew
PO Box 99106
Camden, NJ 08101

Pay To : _____

Address : _____

Taxpayer Identification # : _____ Purchase Order #: _____

NOTE: All Bills Must Be Properly Certified Before Payment

DATE	ITEMS	TOTAL
	TOTAL OF THIS BILLING	0.00 .

Claimant's Certification and Declaration

solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles
e been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons
the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and
he amount charged is a reasonable one. I further certify that I am an Equal Opportunity Employer and that I have complied
the Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Vendor's Signature _____ Title _____ Date _____

OFFICERS CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures.

Signature: _____

Title: _____

APPROPRIATIONS OR ACCOUNTS CHARGED		PAYMENT AUTHORIZED
		Payment approved at a meeting on
		Date
		PAYMENT RECORD