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Wellness Mini-Grant Program APPLICATION

The COSE Wellness Mini-Grant Program offers a matching dollar amount of up to \$1,500 for employer-sponsored or employee-sponsored wellness programs and items. Employers and employees of COSE member businesses with 1-99 employees who are covered by COSE | Medical Mutual of Ohio health insurance are eligible.

Applicants are asked to fill out the application below in its entirety. Employers should fill out the application on behalf of the employee(s) if the wellness programs will be employee-sponsored.

If you have any questions, please contact: Annie Leiby, COSE Product Manager, at (216) 592-2252 or aleiby@cose.org.

COMPANY INFORMATION

| | | | |
|------------------------------------------|---------------------------------|------------------------------|-------------------|
| COSE Member Company Name | | COSE Member ID Number | |
| Street Address | | City, State Zip | |
| Wellness Contact Name & Title | | Phone Number | Fax Number |
| E-mail Address | Company Web-site Address | Owner/President Name | |
| Total Number of Employees | | | |

HEALTH INSURANCE PLAN INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Medical Mutual Member ID Number | Health Insurance Representative or Broker Name (if applicable) |
| Total Number of Employees Covered Under COSE Medical Mutual Health Insurance (do not include spouses and dependents) | |
| Base Health Insurance Plan Name (Primary Plan) | Employer Premium Contribution (\$ or %) |
| Buy-Up Health Insurance Plan Name (Secondary Plan) (if applicable) | Employer Premium Contribution (\$ or %) |
| HSA/HRA/FSA/MSA Health Insurance Plan Name (if applicable) | Employer Premium Contribution (\$ or %) |

WELLNESS INFORMATION

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|---------------------------------------------------------------------|
| How did you hear about the COSE Wellness Mini-Grant Program? |
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Previous Wellness Efforts (if applicable)

Wellness Goals

COSE offers four different Wellness Mini-Grant options (see *Wellness Mini-Grant Program FAQs* for more details). Please select one option:

1. Fitness Mini-Grant

This grant includes only reimbursement for gym membership fees for COSE Medical Mutual health insurance covered employees.

(Do not fill out *Customized Mini-Grant* section below)

Total Cost Estimate

Total Cost Estimate Per Employee (if applicable)

Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable)

2. Nutrition Mini-Grant

This grant includes only reimbursement for healthy food at the workplace for COSE Medical Mutual health insurance covered employees.

(Do not fill out *Customized Mini-Grant* section below)

Total Cost Estimate

Total Cost Estimate Per Employee (if applicable)

Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable)

3. Stress Management Mini-Grant

This grant includes only reimbursement for work-site or off-site yoga sessions for COSE Medical Mutual health insurance covered employees.

(Do not fill out *Customized Mini-Grant* section below)

Total Cost Estimate

Total Cost Estimate Per Employee (if applicable)

Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable)

4. Customized Mini-Grant

Create and build your own customized wellness program (see the *Wellness Mini-Grant Program Ideas* section for suggestions).

(Please fill out *Customized Mini-Grant* section below)

CUSTOMIZED MINI-GRANT

Please fill out this section only if you would like to apply for the Customized Mini-Grant.

List each wellness program and/or item you would like considered for the COSE Wellness Mini-Grant Program.

Programs and items should provide descriptive details, a total cost estimate, a total cost estimate per employee (if applicable) and the total number of employee participants covered under COSE Medical Mutual Health Insurance (if applicable).

Please see the *Wellness Mini-Grant Program Ideas* section if needed. If more space is needed, please use another sheet of paper.

Wellness Program or Item 1 Description

Total Cost Estimate

Total Cost Estimate Per Employee (if applicable)

Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable)

| | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wellness Program or Item 2 Description (if applicable) | Total Cost Estimate Total Cost Estimate Per Employee (if applicable) Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable) |
| Wellness Program or Item 3 Description (if applicable) | Total Cost Estimate Total Cost Estimate Per Employee (if applicable) Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable) |
| Wellness Program or Item 4 Description (if applicable) | Total Cost Estimate Total Cost Estimate Per Employee (if applicable) Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable) |
| Wellness Program or Item 5 Description (if applicable) | Total Cost Estimate Total Cost Estimate Per Employee (if applicable) Total Number of Employee Participants Covered Under COSE Medical Mutual Health Insurance (if applicable) |

**Will you, as the employer, or your employee(s) sponsor (pay for) the remainder of the cost for the wellness programs and/or items accepted under the COSE Wellness Mini-Grant Program?
Please select one option:**

- **Employer-Sponsored**
- **Employee-Sponsored**
- **Both Employer-Sponsored and Employee-Sponsored**

Thank you for completing the COSE Wellness Mini-Grant Program application.

Please read *COSE Wellness Mini-Grant Program Terms & Conditions* before signing below.

Applicant (Employer) Signature

(type name if completing on-line)

Date

Please mail, fax or e-mail your completed application.

Re: COSE Wellness Mini-Grant Application
ATTN: Annie Leiby
The Higbee Building
100 Public Square, Suite 210
Cleveland, Ohio 44113
Email: aleiby@cose.org
Fax: (216) 621-1725
Phone: (216) 592-2252

FOR OFFICE USE ONLY

COSE MMO REQUEST

COSE MMO EEs GRANT AMOUNT



Join your cause.

Wellness Mini-Grant Program TERMS & CONDITIONS

- COSE members with 1-99 employees and currently enrolled with COSE Medical Mutual of Ohio health insurance may participate in the COSE Wellness Mini-Grant Program.
- Grant dollars are only applicable to employees on the COSE Medical Mutual health plan. Employees with other insurance, or no insurance, as well as spouses and dependents, are not qualified to receive grant dollars.
- Grant applications can be completed and sent in any time until notice of the program has ended.
- Grant applications will be reviewed by the COSE Health and Wellness Department and winners will be notified as soon as possible.
- The amount of grant dollars awarded to COSE members is dependent on 1) the total number of employees covered by the your COSE Medical Mutual health insurance plan, (2) the total number of covered employees participating in wellness programming, (3) the type of wellness programs and/or items that were submitted on your grant application and (4) the amount of dollars the employer and/or employee is putting towards the wellness programming.
- The term of the grant is one year. The term will begin the day the application is accepted and end exactly a year later.
- All programming items must be purchased and received by the member within the term of the grant.
- COSE will reimburse half of each purchase until the total amount of the grant has been funded by COSE.
- All grant recipients must send in a completed W-9 form for the business before grant dollars will be reimbursed.
- For each purchase, proof of payment, such as: a detailed, descriptive invoice, receipt, bank or credit card statement, copy of cashier's check, money order, or canceled check must be submitted for 50% reimbursement.
- Proof of payments should be sent in at maximum quarterly, unless otherwise advised by COSE. Grant recipients should use the *Wellness Mini-Grant Program Request for Reimbursement* form when sending in proof of payments.
- All grant recipients will be asked to complete a satisfaction survey at the end of their grant term.
- In the case where only the employer(s) or a select number of employees are applying for coverage under the Mini-Grant, employers are required to educate and/or provide material to all of their employees on the free wellness programming available to them through COSE and Medical Mutual.



Wellness Mini-Grant Program FAQs

Who does the grant cover?

The grant covers employees covered under a COSE Medical Mutual health insurance plan. Employees not on a plan and spouses and dependents that are on a plan will not be covered under the grant. Also, employees cannot only be covered under a COSE Medical Mutual dental, vision or life and disability plan.

Once a grant application is submitted, how long does it take to hear back from COSE?

On average, it takes ten to fifteen days to hear back from COSE regarding the status of your grant application.

How is the total grant dollar amount determined for each member that applies?

The factors that determine the total grant dollar amount include: (1) the total number of employees covered by the member's COSE Medical Mutual health insurance plan, (2) the total number of employees participating in wellness programming, (3) the type of wellness programs and/or items that are submitted on the grant application and (4) the amount of dollars the employer and/or employee is putting towards the wellness programming.

What are the four COSE Wellness Mini-Grant Options?

1. Fitness Mini-Grant

This grant includes only reimbursement for gym membership fees.

2. Nutrition Mini-Grant

This grant includes only reimbursement for healthy food service for internal meetings.

3. Stress Management Mini-Grant

This grant includes only reimbursement for on-site or off-site yoga sessions.

4. Customized Mini-Grant

This grant includes reimbursement for a combination of various programs and/or items that are submitted by the applicant and approved by COSE. Some program ideas are reimbursement for physical activity classes such as: Aerobics, Pilates, Tai Chi, or Karate; registration fees for walks/runs; health or related awards and incentives for wellness activities; a nutrition consultant; CPR and First Aid training.

How is reimbursement received?

For each purchase, proof of payment, such as: a detailed, descriptive invoice, receipt, bank or credit card statement, copy of cashier's check, money order, or canceled check must be submitted for 50% reimbursement. All grant recipients must send in a completed W-9 form for the member business before grant dollars will be reimbursed.

Once proof of payment is sent in, how long does it take for a reimbursement check to be received?

On average, it takes two to three weeks to receive a reimbursement check.

Where can I find wellness vendors that provide and/or sell some of the programs and/or items I want to implement and/or purchase?

Please visit COSE's I BUY NEO website at www.ibuyneo.com or contact Annie Leiby, COSE Product Manager, at (216) 592-2252 or aleiby@cose.org or Ginny Hridel, COSE Health and Wellness Manager, at (216) 592-2263 or grhidel@cose.org for assistance.

How can I find out how much is left in my grant?

Please contact Annie Leiby, COSE Product Manager, at (216) 592-2252 or aleiby@cose.org.

Who determines the wellness programs and items that will be approved under the Wellness Mini-Grant Program?

The COSE Health and Wellness Department.

Can I apply for a new grant once my grant term has ended?

Yes. Members are encouraged to apply for a new grant to continue their wellness activities once their previous grant term has ended. Members are required to submit a new application.

What legal issues should I be aware of when starting a wellness program?

The Health Insurance Portability and Accountability Act, or HIPAA, prohibits employers from denying eligibility for benefits or charging more for coverage because of any health factor. There is an exception to this requirement for wellness programs that condition a reward on an individual satisfying a standard related to a health factor if the wellness program satisfies the following criteria:

- Reward should not exceed 20 percent of total cost of the employee's (or the employee's family) coverage.
- Reasonable structures are created to promote health and prevent disease.
- All employees have the opportunity to qualify for a reward at least once a year.
- Alternative standards are provided for participants with medical conditions that otherwise prevent them from reaching a goal and receiving a reward or for whom it is medically inadvisable to do so.
- The availability of alternatives or waivers is described in all program communications.
- All other applicable federal and state laws, such as ERISA, the Americans with Disabilities Act, Title VII, and, in some cases, state insurance and lifestyle laws are satisfied.

In addition to meeting the requirements listed above, a wellness plan must also comply with the Genetic Information Nondiscrimination Act, or GINA, which prohibits a wellness program from collecting genetic information, including family medical history, in exchange for a reward that induces participation in the wellness program or prior to enrollment. While this prohibition may impact any part of a wellness program in which genetic information is collected in return for a reward, its primary effect is on health risk assessments, or HRAs, which often include family medical history and are used by employers to refer at-risk participants to disease management programs. In the past, employers could offer health plan participants a reduction in premium (or other reward) for completing the HRAs. In order to comply with GINA, however, employers who wish to have participants complete HRAs must now choose one of the following three options:

- The employer can request that participants complete an HRA that contains genetic information, including family medical history, but may not offer any reward to participants for completing the HRA; or
- The employer can offer a reward to completing the HRA, but the HRA cannot contain any requests for genetic information, including family medical history;
- The employer can use two health risk assessments as part of a wellness program to be completed after and unrelated to enrollment – an HRA that does not include genetic information and offers a reward for completion ("HRA #1") and an HRA that includes genetic information but does not offer a reward for completion ("HRA #2"). HRA #2 must state clearly that the completion of HRA #2 is wholly voluntary and will not affect the reward given for completion of HRA #1.

Please note that GINA's final regulations relating to wellness programs have not been approved, so there may be some future modifications to GINA's impact on wellness programs. Until that date, however, employers must comply with GINA's interim final rules that are summarized above.



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Wellness Mini-Grant Program PROGRAM IDEAS

| FITNESS | NUTRITION |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Gym Membership Fees • Personal Training Sessions • Gym Equipment for Work-site Fitness Center, including: balls, mats, weights, machines, jump ropes, etc. • Physical Activity Classes, including: aerobics, yoga, Pilates, Tai Chi, karate, etc. • Registration Fees for Walks/Runs or Other Fitness Related Activities • Wii Game Systems (no extras) • Running/Walking Shoes, Bicycles, Rollerblades, etc. | <ul style="list-style-type: none"> • Healthy Food Options in the Lunchroom or at Staff Meetings, including: fruit, nuts, light popcorn, etc.). NO DRINKS, including: bottled water, soda, fruit drinks, Gatorade, etc.. • Employee Healthy Food Cookbook • Lunch and Learn Education Sessions on Nutrition and Other Related Topics (speakers and healthy lunches) • Nutrition/Dietician Consultants • Healthy Cooking Classes |
| STRESS MANAGEMENT | AWARDS & INCENTIVES |
| <ul style="list-style-type: none"> • On-Site Chair Massage, Massage Systems and Massage Therapy Sessions • Lunch and Learn Education Sessions on Stress Management and Other Related Topics (speakers and healthy lunches) • Acupuncture Sessions | <p>Awards and Incentives must be Health, Wellness or Fitness Related.</p> <ul style="list-style-type: none"> • Fitness or Health Food Store Gift Certificates • Gym Bags, Water Bottles, Stress Balls, etc. • Healthy Food Service • iPod Nano • Wellness Newsletter Subscriptions and Self-Care Guides |
| OTHER | PROGRAMS/ITEMS NOT ACCEPTED |
| <ul style="list-style-type: none"> • First Aid and/or CPR Training • Cardiac Defibrillators • Wellness Resource Center, including: books, magazines and DVDs on a variety of health, wellness or fitness topics • Wellness Newsletter Subscriptions and Self-Care Guides | <ul style="list-style-type: none"> • *Health Screenings & Flu Vaccinations • *Smoking Cessation Programs • *Pedometers • *Hand Sanitizer • *Ergonomic Evaluations • Premiums, Co-Payments, etc. • Weight Watchers or Other Similar Weight Loss Programs Enrollment/Joiner Fees • Awards and Incentives that are not Health, Wellness or Fitness Related, including: attire, televisions, gas cards, etc. • Drinks, including: bottled water, soda, juice, Gatorade, etc. • Water Filters • Unhealthy Foods (please use your best judgment) • Plastic Utensils, Paper Plates, Plastic Containers, etc. • Shipping/Handling Costs, Food Delivery Service Fees and Set-Up Charges • Straight Cash Reimbursement |

This list of program ideas is not limited, and therefore other ideas can be submitted to be possibly accepted or declined under the Mini-Grant Program.

**Program is already available FREE under the COSE Wellness Program. Please visit www.cose.org/wellness or call 216.592.2222 to learn more.*