

# Application for HealthFlex Well-Being Grant



## HealthFlex Well-Being Grants—5 Annually

**Who is eligible:** Any UMC conference or employer who has adopted HealthFlex. Application must come from the conference or employer office.

**Requirements for the grant:** Design and implement a plan to improve well-being in your conference.

### Part 1 – Applicant Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Amount requested (no more than \$2,500/year): \$ \_\_\_\_\_ E-mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part 2 – Conference Information

Annual conference \_\_\_\_\_  
 Name of benefits officer/human resources officer \_\_\_\_\_  
 Name of person who oversees well-being initiatives \_\_\_\_\_  
 Well-being committee members and roles in the conference (if applicable):  
 \_\_\_\_\_  
 \_\_\_\_\_

Briefly describe how the well-being grant will be used to promote and improve the well-being of the conference:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** Upon conference acceptance of the grant funding, the conference benefits, human resource officer or designee agrees to present how the grant was used and outcomes at the following year's HealthFlex mini-summit.

### Part 3 – For HealthFlex Use Only

Date application received \_\_\_\_\_ Date application reviewed \_\_\_\_\_  
 Funds allocated \$ \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and send it by:

- E-mail (scanned copy): [wellnessteam@wespath.org](mailto:wellnessteam@wespath.org)
- Fax: **1-847-730-0490**
- Mail: Attention: Wellness Team; Wespath Benefits and Investments; 1901 Chestnut Avenue; Glenview, IL 60025

Be sure to keep a copy for your records