

SCHOOLS HEALTH INSURANCE FUND



Date: May 12, 2026

To: Schools Health Insurance Fund Commissioners and Wellness Coordinators

Re: 2026-2027 Wellness Grant Program

For the 13th year in a row, the Schools Health Insurance Fund is excited to offer wellness programs to its members. The Fund has budgeted \$1,068,074 for such projects.

This year, to promote participation and streamline the administration, the Fund has directly contracted with a menu of different vendors offering various wellness-based programs for our members to choose from. Depending on the demand on the budget, most administrative costs of these program will be paid by the Fund. The Wellness Committee will continue the Build Your Own Program for another year.

The Fund will have marketing materials and videos available to all members for the Vendors listed below.

The following programs are available:

Option 1	Advanta – An incentive based program to help boost, track and reward physical and emotional wellbeing. <i>Employee Incentives are not sponsored by the Fund.</i>
Option 2	US Wellness – on and offsite biometric screenings, wellness app, health risk assessment, coaching, seminars, health fairs and cancer testing.
Option 3	Ramp Health – In person and virtual Wellness Coaching
Option 4	Design Your Own Program – This option will allow the district to 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. Expenses are to be paid directly by the BOE and will be reimbursed by the Fund on a rolling basis. Vouchers may be submitted at any time during the plan year. All grant funds must be utilized by June 30. Reimbursement vouchers must be submitted no later than September 30. Submissions received after September 30 will not be processed. Payment will be issued within 45 days of receipt of a complete and compliant submission.

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 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 are capped at \$2,500.*

Wellness Management Portal — Primary Contact (Required)

The SHIF Wellness Management Portal is being implemented for the 2026-2027 plan year. Please provide the contact information for the individual(s) who will manage wellness applications and reimbursement submissions on behalf of your district. Up to two contacts may be designated. Login credentials and onboarding instructions will be sent directly to the email addresses provided below.

Contact 1 — Name: _____ Title: _____ Email: _____

Contact 2 (optional) — Name: _____ Title: _____
Email: _____

**Applications are due by July 1, 2026. Please send all completed and signed applications to:
HIFWELLNESS@PERMAINC.COM | Attn: Jordyn Robinson**

Agreed to and authorized by:

Name:	
Title:	
Date:	