



cis benefits  
www.cisbenefits.org

# Benefits/Health Fairs

CIS Benefits supports our members' efforts to increase employee knowledge of wellness resources and services available as part of the employee benefits package. CIS has adopted guidelines over the last several years to continue support for these worksite efforts, but to hopefully help these events be more relevant and meaningful for your employees.

## Health Fair Guidelines

- CIS Benefits will participate in a member-sponsored health fair every two calendar years
- Employees should be invited to participate on company time
- As much as possible, management and supervisors should attend the event
- Participatory events are a good way to encourage employee interaction with each vendor attending the event
- CIS Benefits Partners' (Regence BCBSO, Kaiser Permanente, Delta Dental, Willamette Dental, and Canopy) attendance will be coordinated by CIS Benefits. Please let us know which partners you are requesting.
- CIS encourages members to locate all benefits partners in one central location
- Internet access should be available so that Benefits partners can demonstrate online benefits tools & resources
- Health fairs should not exceed four (4) hours

## Grant Funding

CIS will support member health/benefit fairs with matching grants of up to a \$500 maximum every two years. The employer is expected to provide the same amount of funding. A Matching Grant Application must be completed (see page two).

## Next Steps

1. Email a request for attendance at benefits/health fairs to [healthybenefits@cisoregon.org](mailto:healthybenefits@cisoregon.org).
2. Provide a minimum four week advance notice for the desired date. There are potential date conflicts with other CIS Healthy Benefits member events.

**Questions:** Email [healthybenefits@cisoregon.org](mailto:healthybenefits@cisoregon.org); call 1.800.922.2684 x3826



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# Matching Health/Benefits Fair Grant Application

Complete and submit this request within 4 weeks prior to event for Part I and Part II.

## Part I

ENTITY: \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

HEALTH/BENEFIT FAIR DATE: \_\_\_\_\_

HEALTH FAIR THEME: \_\_\_\_\_

HOURS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

EVENT ADDRESS: \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

## Part II

Please check which Benefits Partners you would like to invite to this event. Please indicate if you would like to emphasize a particular program or service.

Partner	Topic/Benefits Emphasis
Regence BCBSO	_____
Kaiser Permanente	_____
Moda/ODS Dental	_____
Willamette Dental	_____
Canopy EAP	_____

## Part III - receipts are required.

Health/Benefit Fair Anticipated Funding Needs:	Employer Funds	CIS Funds
Promotion	_____	_____
Give-Aways (no use of CIS funds)	_____	<i>Not Applicable</i>
Food	_____	_____
Room Rental	_____	_____
Using Outside Consultant	_____	_____
Decorations	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTALS	_____	_____

**Grant Amount Applied For:** \_\_\_\_\_ **Please submit copies of receipts to substantiate the request**

CIS Action/Amount Awarded: \_\_\_\_\_

**FAX Form to: 503-375-3900**

**Email Form to: [healthybenefits@cisoregon.org](mailto:healthybenefits@cisoregon.org)**