

31st Annual Worksite Health Awards

Application

31 years of celebrating well-being in the workplace

Once again, Blue Cross & Blue Shield of Rhode Island (BCBSRI) is proud to be a Presenting Sponsor of the Worksite Health Awards. In partnership with the Greater Providence Chamber of Commerce, we want to thank you for making your employees' physical and emotional health a top priority.

A successful employee well-being program can certainly be a win-win, and you've all proved this to be true. As you incorporate effective well-being practices at work, you also help your organization control healthcare costs, increase retention, and even create a more engaged workforce.

In these awards, four levels are acknowledged: Achievement (<100 points), Outstanding (100-149 points), Superior (150-199 points), and Exemplary (200+ points with supplemental materials included). In addition, we will recognize those companies whose employees have embraced wellness and help foster a culture of well-being within their organizations.

When filling out your application, refer only to programs and educational efforts that were promoted or implemented in 2024. Also, please upload only the items listed in the Supplemental Materials section.

Please note that the review panel may request additional documentation as needed to support the information provided in this application. Submit your application at bcbsri.com/WorksiteHealth. If you have any questions, please contact Barbara Laurino at blaurino@provchamber.com or (401) 521-5000.

Save the date

This year, we'll be announcing the winners at an in-person event:

Thursday, July 17, 2025
Crowne Plaza Hotel
Warwick
8:30 a.m. - 10:00 a.m.

Don't miss out! Applications will be accepted through May 12.



Worksite Health Awards Application Form

Company Information

Company: _____

Contact name: _____

Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Number of employees: _____

Website: _____ Email address: _____

Company name as it should appear on your award and in promotional materials:

Company name will be listed in BCBSRI and Greater Providence Chamber of Commerce advertisements and promotions of the Worksite Health Awards.

“Inspiring Voices” Award

Please share a story about your employees—whether it’s an individual or your collective team—and how their actions exemplify the positive impact of your wellness program and help foster a culture of well-being within the organization.

Please attach your “Inspiring Voices” story with this application. (25 bonus points)

I. Health Awareness

Please check all that apply. (5 points each)

In 2024, our company:

1. Promoted a Health Assessment or Health Check.
2. Provided written and/or digital educational wellness materials to promote a healthy lifestyle.
3. Surveyed employees to ensure wellness programming supported their needs (for example, “needs and interest” or “culture” survey).

II. Intervention

(5 points each - max of 110 points)

Complete the applicable fields below or attach a detailed listing of 2024 company-sponsored/promoted health and wellness activities.

Screenings/Prevention (for example, onsite health screenings, immunization clinics, or educational programs)

	Date(s)	Description
Blood pressure		
Body composition/BMI		
Bone density		
Cholesterol		
Dermascan (sun safety)		
Glucose/Diabetes screening		
Immunization/Vaccine clinic		
Other:		

Education/Behavior Change (for example, onsite seminar, webinar, and multi-week series)

Corporate challenge		
Disease prevention & management		
Financial health		
Health coaching		
Healthy sleep		
Healthy weight		
Mental health		
Mindfulness		
Nutrition		
Physical activity		
Self-care		
Tobacco cessation		
Work/life balance		
Other		

Total number of programs: _____

III. Overall Well-being and Safety

Please check all that apply. (5 points each)

In 2024, our company:

Provided occupational health and safety materials on ergonomics, back care, etc.

Offered one comprehensive digital well-being platform

Provided mental health training opportunities to employees

Other (name of program): _____

IV. Policy, Organization, and Culture

Please check all that apply. (5 points each)

In 2024, our company offered the following policies or benefits:

Tobacco or nicotine cessation

Lactation (including lactation room)

Injury prevention

Maternity leave

Paternity leave

Included spouses/domestic partners in programs

Employee assistance program (EAP)

Supplemental insurance, such as dental,
vision, life, and/or critical illness

Professional development opportunities

Flexible work schedules

Substance use support

Employee recognition

Wellness committee or wellness coordinator

Incentives, such as gift cards or HSA contributions

Bereavement leave

Measured program outcomes (employee
satisfaction, aggregate health changes, etc.)

Reviewed participation data at least annually

Other

Supplemental Materials

To be considered for the highest level (Exemplary) award, you must provide attachments for three (3) of the following:

Written wellness operating plan

Incentive plan overview

Outcome aggregate report (e.g., health risk report,
participation/engagement report)

Recognition program

Sample employee newsletter