

32nd Annual Worksite Health Awards

Application

32 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 2025. 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:

Wednesday, July 15, 2026
Crowne Plaza Hotel
Warwick
8:30 a.m. - 10:00 a.m.

Don't miss out! Applications will be accepted through May 29.



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 2025, our company:

- Promoted a Health Risk Assessment.
- Provided written and/or digital educational wellness materials to promote a healthy lifestyle.
- 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 2025 company-sponsored/promoted health and wellness activities.

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

	Date(s)	Description
<input type="checkbox"/> Blood pressure	_____	_____
<input type="checkbox"/> Body composition/BMI	_____	_____
<input type="checkbox"/> Bone density	_____	_____
<input type="checkbox"/> Cholesterol	_____	_____
<input type="checkbox"/> Dermascan (sun safety)	_____	_____
<input type="checkbox"/> Glucose/Diabetes screening	_____	_____
<input type="checkbox"/> Immunization/Vaccine clinic	_____	_____
<input type="checkbox"/> Other:	_____	_____

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

<input type="checkbox"/> Corporate challenge	_____	_____
<input type="checkbox"/> Disease prevention & management	_____	_____
<input type="checkbox"/> Financial health	_____	_____
<input type="checkbox"/> Health coaching	_____	_____
<input type="checkbox"/> Healthy sleep	_____	_____
<input type="checkbox"/> Healthy weight	_____	_____
<input type="checkbox"/> Mental health	_____	_____
<input type="checkbox"/> Mindfulness	_____	_____
<input type="checkbox"/> Nutrition	_____	_____
<input type="checkbox"/> Physical activity	_____	_____
<input type="checkbox"/> Self-care	_____	_____
<input type="checkbox"/> Tobacco cessation	_____	_____
<input type="checkbox"/> Work/life balance	_____	_____
<input type="checkbox"/> Other	_____	_____

Total number of programs: _____

III. Overall Well-being and Safety

Please check all that apply. (5 points each)

In 2025, 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 (programs listed in other sections do not qualify): _____

IV. Policy, Organization, and Culture

Please check all that apply. (5 points each)

In 2025, our company offered the following policies or benefits:

- | | |
|--|--|
| <input type="checkbox"/> Tobacco or nicotine cessation | <input type="checkbox"/> Flexible work schedules |
| <input type="checkbox"/> Lactation (including lactation room) | <input type="checkbox"/> Substance use support |
| <input type="checkbox"/> Injury prevention | <input type="checkbox"/> Employee recognition |
| <input type="checkbox"/> Maternity leave | <input type="checkbox"/> Wellness committee or wellness coordinator |
| <input type="checkbox"/> Paternity leave | <input type="checkbox"/> Incentives, such as gift cards or HSA contributions |
| <input type="checkbox"/> Included spouses/domestic partners in programs | <input type="checkbox"/> Bereavement leave |
| <input type="checkbox"/> Employee assistance program (EAP) | <input type="checkbox"/> Measured program outcomes (employee satisfaction, aggregate health changes, etc.) |
| <input type="checkbox"/> Supplemental insurance, such as dental, vision, life, and/or critical illness | <input type="checkbox"/> Reviewed participation data at least annually |
| <input type="checkbox"/> Professional development opportunities | <input type="checkbox"/> Other |

Supplemental Materials

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

- | | |
|---|--|
| <input type="checkbox"/> Written wellness operating plan | <input type="checkbox"/> Recognition program |
| <input type="checkbox"/> Incentive plan overview | <input type="checkbox"/> Sample employee newsletter |
| <input type="checkbox"/> Outcome aggregate report (e.g., health risk report, participation/engagement report) | <input type="checkbox"/> Well-being or culture survey report |

