

## **WELLNESS PARTNERSHIP - LEVEL 3**

The Alaska Club agrees to assist Rose Assis	sted Living Facilities (organization name),	by providing the followin
wellness package to theirEmploye	es (employees, team members, etc.). S	hould you choose to cove
some or all the cost ofEmployees	(s) membership, The Alaska Club member	ship can have a significan
	Rose Assisted Living Facilities will notify	
	yed there and shall be responsible for the du	
The state of the s	otification. All <u>Employees</u> (s) a	
	mitment. Rose Assisted Living Facilities	
Employees (s) membershi	ip(s) at the amount ofper	
\$0 per family membership.	-	, , , , , , , , , , , , , , , , , , ,
This wellness partnership may be cancelled with	a 30-day notice after a year from the effective da	te of: <u>8/26/25</u>
	Benefits to Employees:	
" \$0 Enrollment " 1st Month of Membership	Duo 5	
" 2 Months of Membership		
Organization Name: Rose Assisted Living	Facilities Address: 851 East Westpoir	nt Suite #206
Contact Name: Varun J Patel	Phone Number: 949-554-9153	
Email: citsol4428@gmail.com	Billing Contact (if applicable):	
Phone Number: Ema	 	
Organization Signature:		
	Date:	
Printed Name: Varun J Patel	Title: Mai	naging Member
TAC Representative Signature:	Date: 08/	/26/2024
The Alaska Club Wellness Partnership Represent	tative: Jariel Bullecer	Title: Sales Director
Phone Number: 907-365-7329 Email	Jbullecer@thealaskaclub.com	
Comment:		
\$30 Fitness Consultation Fee Require	ed	
Annual Fee Required		