THE ALASKA CLUB

Corporate Wellness Partnership

Alaska Hemophila Association

Start Date: 11/25/2014 Renewal Date: 11/25/2015

The Alaska Club agrees to assist Alaska Hemophila Association (Company Name) by providing the following wellness package to their employees:

Wellness Calendar

☐ Onsite

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☑ Open House

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Party

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Challenge

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☐ Fitness Seminar

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

☑ Wellness Fair

Date_____
Date_____
Date_____
Date_____

The Alaska Club agrees to offer the following membership benefits to each employee of Alaska Hemophila Association (Company Name) available during each wellness activity.

Benefits to Employees:

Zero enrollment
First month free
2 months free of Membership Plus
Employee/member pasys $20 consult fee (IND)$30 consult fee

Available during events, onsites or open house periods only.
1 year agreement / fee for early cancellation required.

Alaska Hemophila Association (Company Name)

agrees to promote events in the following manner:

- ☐ Promote via company website, intranet or newsletter
- ☐ Posters to announce onsite date(s)

All promotional materials to be approved and provided by The Alaska Club.

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Subsidizing Corporate Membership

Companies that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1142) 60 day prior notice to discontinuing the subsidy of membership dues for its employees in general. Alaska Hemophilia Association Employees will notify The Alaska Club if anyone for whom it pays a subsidy is no longer employed there and shall be responsible for the dues subsidy of terminated employees prior to this notification. All employees are individually responsible for cancelling their membership commitment.

Alaska Hemophilia Association Employees subsidizes/reimburses their employee's memberships at the amount of 0 per individual membership.

Business Name: Alaska Hemophilia Association

Address: Providence Hospital , 3851 Piper Street, Anchorage, Ak 99507

Contact Name: John Palmatier

Phone Number: (907)343-9232 **Fax Number:** 9072126710 **Email:** alaskahemo@gmail.com

Billing Contact (if applicable): _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

The Alaska Club contact information: Dody Donn

Corporate Wellness Representative Name: Dody Donn

Phone Number: _____ **Fax Number:** _____ **Email:** _____

Company Signature: _____ **Date:** 11/25/14

The Alaska Club Signature: _____