THE ALASKA CLUB

# Wellness Partnership

The Alaska Club agrees to assist Umialik Insurance Company (Organization Name) by providing the following wellness package to their Employees (Employees, team members, etc.):

Start Date: 12/1/2015

Renewal Date: 11/30/2016

## 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
TBD 2016 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

### ■ Fitness Challenge

TBD 1st Qtr 2016 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

### ■ Fitness Seminar

_____ 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
12/04/2015 4th Qtr

### ☐ Wellness Fair

Date_____
Date_____
Date_____
Date_____

The Alaska Club agrees to offer the following membership benefits to each Employees of Umialik Insurance Company available during each wellness activity.

**Benefits to Employees:**

30 days free
$0 enrollment
2 months of membership plus free

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

Umialik Insurance Company

**agrees to promote events in the following manner:**

■ Promote via organization 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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# Corporate Agreement

**Subsidizing or partially subsidizing the cost of a The Alaska Club membership is completely optional. Should you choose to, covering some or all of the cost of your** Employees **'s The Alaska Club membership can have a significant impact on their energy, health and their focus.** Organizations that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1124) sixty-day prior notice to discontinuing the subsidy of membership dues for its Employees in general.

Umialik Insurance Company 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.

Umialik Insurance Company subsidizes/reimburses their Employees 's membership(s) at the amount of $0 per individual membership.

**Organization Name:** Umialik Insurance Company

**Address:** 3301 C st suite 300 Anchorage AK 99503

**Contact Name:** MaryBeth S. McClain

**Phone Number:** 907-269-7725 **Fax Number:** _____ **Email:** _____

**Billing Contact (if applicable):** MaryBeth S. McClain

**Phone Number:** 907-269-7725 **Fax Number:** _____ **Email:** _____

**Organization Signature:** Stacey M Matteson **Date:** 11/16/15

**Printed Name:** Stacey Matteson

**Title:** VP & General Manager

**The Alaska Club Wellness Partnership Representative Name:** David Dowd

**Phone Number:** 907-330-0162 **Fax Number:** _____ **Email:** ddowd@thealaskaclub.com

**The Alaska Club Signature:** _____ **Date:** _____

**Printed Name:** David Dowd

**Title:** Sales Manager