THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist Coho Family Medicine (Organization Name) by providing the following wellness package to their employees (Employees, team members, etc.):

Start Date: 12/8/16

Renewal Date: 12/7/17

Wellness Calendar

☒ Onsite

Thur. Dec. 8th 1st Qtr
_____ 2nd Qtr
_____ 3rd Qtr
_____ 4th Qtr

■ Open House

Last two weekends of Dec. 2016 1st Qtr
_____ 2nd Qtr
Last two weekends of Sept 2017 3rd Qtr
_____ 4th Qtr

❑ Fitness Party

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

■ Fitness Challenge

_____ 1st Qtr
Jan 1-March 31st 2nd Qtr
_____ 3rd Qtr
Oct 1-Dec. 30th 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 Coho Family Medicine available during each wellness activity.

Benefits to Employees:

Zero enrollment
First Month of Membership Dues Free
Two Months of Membership Plus Free
$20/$30 Fitness Consultation Required

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

Coho Family Medicine

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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THE ALASKA CLUB 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 employee **'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.

Coho Family Medicine 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 employee prior to this notification. All employees are individually responsible for cancelling their membership commitment.

Coho Family Medicine subsidizes/reimburses their employee 's membership(s) at the amount of Gold ind/fam per individual membership.

Organization Name: Coho Family Medicine

Address: 5050 E Dunbar Dr Ste D, Wasilla 99654

Contact Name: Heather Parker

Phone Number: 907-982-8178 **Fax Number:** _____ **Email:** cnatparker@yahoo.com

Billing Contact (if applicable): _____

Phone Number: 907-982-8178 **Fax Number:** 907-746-5578 **Email:** cnatparker6 yahoo.com

Organization Signature: Heather D Parker **Date:** 12/7/16

Printed Name: Heather F. Parker

Title: Office Manager

The Alaska Club Wellness Partnership Representative Name: Taleen Lundale

Phone Number: 907-330-0181 **Fax Number:** _____ **Email:** tlundale@thealaskaclub.com

The Alaska Club Signature: Taleen M Lundale **Date:** 12/8/16

Printed Name: Taleen Lundale

Title: Corporate Wellness Coordinator

Comment