

## **Wellness Partnership**

The Alaska Club a	grees to assist <u>Co</u>	Start Date: 12/8/16  Renewal Date: 12/7/17				
by providing the fo	ollowing wellness p					
{	_		(Employees, team members, etc.)			
	· .	<b>Nellne</b> :	ss Calendar			
☐ Onsite	ž	<b>□</b> 0p	en House	☐ Fitness Party		
	1st Qtr	-	1st Qtr	1st Qtr		
	13t Qt 2nd Qtr		1st Qtr	•		
	3rd Qtr		•	2nd Qtr		
	31d Qti 4th Qtr		3rd Qtr	3rd Qtr		
	4ui Qu		4th Qtr	4th Qtr		
☐ Fitness C	hallenge		ness Seminar	☐ Wellness Fair		
	1st Qtr	· 	1st Qtr	Date		
	2nd Qtr		2nd Qtr	Date		
	3rd Qtr	·	3rd Qtr	Date		
	4th Qtr		4th Qtr	Date		
		offer the follo	owing membership benefits to	each patients of		
Coho	Family Medicine		available during eac	ch wellness activity.		
				•		
				·		
Benefits to Employees: Zero enrollment			Coho Family Medic	Coho Family Medicine		
First Month of Memb	oership Dues Free		·			
Two Months of Membership Plus Free			. 1	agrees to promote events in the following manner:		
\$20/\$30 Fitness Consultation Required			-	☐ Promote via organization website, intranet or newsletter		
Available design co	to analtag or anal 5	oo oorioda	Posters to announce			
_	its, onsites or open hous for early cancellation requ		S &	All promotional materials to be approved and provided by The Alaska Club.		
			mornidona olabi			



## SE COrporate Agreement

Printed Name: Healther Forker  Title: Manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jelean Fax Number: Date: 12/8  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will		of the cost of your n/a		•
of membership dues for its _n/a in general	significant impact on their ener	r <b>gy, health and their focus.</b> Organiz	ations that subsidize their e	mployee memberships
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 n/a prior to this notification. All employees are individually responsible for cancelling their membership commitment.  n/a subsidizes/reimburses their n/a 's membership commitment.  n/a 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.con  Billing Contact (if applicable):  Phone Number: Fax Number: Po/- 74/6-557 Email:  Organization Signature: Fax Number: Date: 42/7//C  Printed Name: Cashes Fax Number: Email: tlundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale  Phone Number: Date: 12/8  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	agree to give The Alaska Club Me	mber Accounting (337-9550 ext. 1	124) sixty-day prior notice to	discontinuing the subsidy
employed there and shall be responsible for the dues subsidy of terminated n/a prior to this notification. All employees are individually responsible for cancelling their membership commitment.  n/a subsidizes/reimburses their n/a 's membership (s) at the amount of n/a 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.con  Billing Contact (if applicable): Phone Number: Fax Number: Fax Number: Date: 12/7/16  Printed Name: Coho Family Medicine Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jeales Lundale  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	of membership dues for its n/a	in general.		
notification. All employees are individually responsible for cancelling their membership commitment.  n/a subsidizes/reimburses their n/a 's membership(s) at the amount of n/a 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.con  Billing Contact (if applicable):  Phone Number: Fax Number: 707-746-557 Email:  Organization Signature: Fax Number: Date: 12/7/16  Printed Name: Heather Parker  Title: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jaleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	n/a ·	will notify The Alaska Club if anyone	e for whom it pays a subsidy	is no longer
n/a subsidizes/reimburses their n/a 's membership(s) at the amount of n/a 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.con Billing Contact (if applicable):  Phone Number: Fax Number: 707-746-55 / Email:  Organization Signature: Fax Number: Date: 12/7//6  Printed Name: Corporate Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jeller Mumber: Date: 12/8  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	employed there and shall be resp	onsible for the dues subsidy of terr	ninated <u>n/a</u>	prior to this
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.con  Billing Contact (if applicable):  Phone Number: Fax Number: 707-74/6-557 Email:  Organization Signature: Fax Number: Date: 12/7//6  Printed Name: Contact (if applicable): Fax Number: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Date: 12/8  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	notification. All employees	are individually responsible for (	cancelling their membership	commitment.
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.con  Billing Contact (if applicable):  Phone Number: Fax Number: Fax Number: D/- 746-55 / Email:  Organization Signature: Fax Number: Date: 12/7//  Printed Name: Fax Number: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jeller Hundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	n/a	subsidizes/reimburses their <u>n/a</u>	s membership(	s) at the amount of
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: Fax Number: 707-746-557 Email:  Organization Signature: Fax Number: Date: 12/7//6  Printed Name: Heather Fax Number: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tundale@thealaskaclub.co  The Alaska Club Signature: Jelleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	n/a per individual me	mbership.		
Contact Name: Heather Parker  Phone Number: 907-982-8178 Fax Number: Email: cnatparker@yahoo.com  Billing Contact (if applicable):  Phone Number: Fax Number: 707-746-557 Email:  Organization Signature: Acade and acade acade and acade acade and acade acade and acade and acade and acade ac	Organization Name: Coho F	amily Medicine		
Phone Number: 907-982-8178 Fax Number: Email: cnatparker@yahoo.com Billing Contact (if applicable): Phone Number: Fax Number: 77-746-557 Email: Organization Signature: Acade Teacher Printed Name: Headher Teacher Title: Acade Manages  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jedeen Lundale Title: Corporate Wellness Coordinator  Comment Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	Address: 5050 E Dunbar Dr S	Ste D, Wasilla 99654		
Billing Contact (if applicable):  Phone Number:	Contact Name: Heather Par	ker		
Phone Number:	Phone Number: 907-982-81	78 <b>Fax Number:</b>	Email: <u>_</u>	natparker@yahoo.com
Organization Signature: Ora than Daken Date: 12/7/16  Printed Name: Headher Franker  Title: Manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jeden Lundale  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	Billing Contact (if applicab	le):		
Organization Signature: Ora the Dakes Printed Name: Printed Name: Headhes Processes  Title: Manages  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jedeen Lundale  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	Phone Number:	Fax Number: <u>707-</u>	746 - 557 <b>E</b> mail: _	
Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jellew Lundale  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	Printed Name:	ner F. Parker		_ Date: <u> 2/7/16</u>
Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.co  The Alaska Club Signature: Jellew Lundale  Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will	The Alaska Club Wellness P		me: Taleen Lundale	
Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will				undale@thealaskaclub.com
Title: Corporate Wellness Coordinator  Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will			ldl	Date: <u>    2   8    </u>
Comment  Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will				•
Corporate One day guest vouchers will be given to Coho Family Medicine for patients who will				
receive a special offer with this pass.				