THE ALASKA CLUB

Wellness Partnership

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

Start Date: 12/8/16

Renewal Date: 12/7/17

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 patients 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.

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 n/a **'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 n/a in general.

n/a 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(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.com

Billing Contact (if applicable): _____

Phone Number: _____ **Fax Number:** 907-746-5578 **Email:** _____

Organization Signature: Heather F 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 Lundale **Date:** 12/8/16

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 receive a special offer with this pass.