

WELLNESS PARTNERSHIP - LEVEL 3

| The Alaska Club agrees to assist Cola | SKA (organization name), by providing the following |
|--|---|
| wellness package to their Employees | (employees, team members, etc.). Should you choose to cover |
| some or all the cost ofEmployees | (s) membership, The Alaska Club membership can have a significant |
| impact on their energy, health, and their focus. | Colaska will notify The Alaska Club if anyone |
| whom it pays a subsidy is no longer employed the | ere and shall be responsible for the dues subsidy of terminated |
| (s) prior to this notificat | ion. All (s) are individually responsible |
| for cancelling their membership committee | ment. Colaska reimburses or |
| | (s) membership(s) at the amount ofper |
| individual Membership /per fami | ly membership. |
| This wellness partnership may be cancelled with a 30-d | ay notice after a year from the effective date of: 11/4/26 |
| | |
| " \$0 Enrollment | fits to Employees: |
| " 1st Month of Membership Dues | |
| " 2 Months of Membership Plus for | or Free |
| Organization Name: Coalaska | Address: 6411 A street Anchorage AK 99518 |
| Contact Name: Jim Henneally | Phone Number: 8627775780 |
| Email: jkenneally@colasinc.com | Billing Contact (if applicable): |
| Phone Number: Email: | |
| Organization Signature: | Date: |
| Printed Name: James Kenneally | Title: Procusement Change |
| TAC Representative Signature: | Date: 11/04/2025 |
| The Alaska Club Wellness Partnership Representative: | William Brandsema Title: Sales Manager |
| Phone Number: 907-264-2714 Email: wbra | andsema@thealaskaclub.com |
| Comment: | |
| Fitness Consultation Fee Required | |
| Annual Fee Required | |
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