

Corporate Wellness Partnership

Finsight, LLC Start Date: <u>09/25/2</u>013 Renewal Date: 09/25/2014 Finsight, LLC The Alaska Club agrees to assist by providing the (Company Name) following wellness package to their employees: Wellness Calendar □ Onsite Open House ☐ Fitness Party 1st Otr 2nd Otr 2nd Otr ______ 2nd Qtr _____ 3rd Qtr _____ 3rd Qtr 3rd Qtr 4th Qtr 4th Otr 4th Otr ☐ Fitness Challenge ☐ Fitness Seminar ☐ Wellness Fair _____ 1st Qtr 1st Otr _____2nd Otr _____ 2nd Qtr Date _____ 3rd Qtr _____3rd Qtr 4th Qtr 4th Qtr Date The Alaska Club agrees to offer the following membership benefits to each employee of Finsight, LLC available during each wellness activity. (Company Name) **Benefits to Employees:** Finsight, LLC \$0 Enrollment, 1st Month Free of Membership Dues (Company Name) 2 Months Free of Membership PLUS Benefits

Upon request, The Alaska Club will provide up to 4 complimentary guest passes for visiting clients and/or business associates.

*Fitness Consultation fee required: \$20/\$30 for Ind/Fam memberships.

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

agrees to promote events in the following manner:

- ☐ Promote via company website, intranet or newsletter
- ☐ Posters to announce onsite date(s)

All promotional materials to be approved and provided by The Alaska Club.



Corporate Wellness Partnership

Subsidizing Corporate Membership				
ext. 1142) 60 day prior notice to discor	ntinuing the subsidy of membership d			
	ues subsidy of terminated employees	om it pays a subsidy is no longer employed sprior to this notification. All employees are		
		100W (ell-phylotherica)		
per individual membership.	lizes/reimburses their employee's me	mberships at the amount of		
por marriadar mombolomp.				
	PARTV	YERS		
Business Name: Finsight, LLC (Jubal Skaggs, Rick P	busch, ERIC Torgerson)		
Address: PO BOX 23361 June	au, AK	La con la Construction de la con		
Contact Name: 99802	<u>o e e e e e e e e e e e e e e e e e e e</u>			
Phone Number: 907-957-0407	_ Fax Number:	Email: skaggsh@gmail.com		
Billing Contact (if applicable): Fin	sight, LLC - Heather Skago	js .		
Phone Number: 907-957-0407	_ Fax Number:	Email: skaggsh@gmail.com		
The Alaska Club contact information	ı: Ryan Carrillo			
Corporate Wellness Representative		bership Coordinator PH(907)364-4330		
Phone Number: 907-364-4331	Fax Number: 907-586-9695	Email: rcarrillo@thealaskaclub.com		
Company Signature:	208	Date: 9/25/13		
The Alaska Club Signature:	Jul			
	/ /			



Print Name:	insigh	t, uc
Member Number:	J	

2. Auto Pay by Credit Card

THE ALASKA CLUB

Agreement for Payment of Membership Account

This Agreement is considered a part of the Membership Agreement whose terms are incorporated herein by reference. Please choose one of the following options for payment of your membership dues, charges and other fees.

1. Auto Pay by EFT (Checking Account)

	NAME: (as it appears on credit card)					
PLEASE INCLUDE A VOID CHECK	Visa Master Card / Amex					
(Provides necessary bank information)	CARD: 4003/9010/2157/5301					
	EXPIRATION DATE: 09 / 14					
I, the undersigned, authorize The Alaska Club to charge my club bil Automatic Payment terms and conditions listed below.	lling to the checking account or credit card indicated above. I agree to the					
Signature:	Date: 9/25/13					
Auto Pav	Terms and Conditions					
As an enrollee in this program, I understand that: 1. My monthly statement will show an Automatic Payment (EFT or Credit Card Dra processed within the first 10 days of the following month. 2. If my Automatic Payment is declined for any reason a \$20 return fee will be ap payment arrangements. If I cannot be contacted or do not make alternative payn 3. If my Automatic Payment is returned due to closed account, stopped payment, Alaska Club will terminate my Auto Pay service and set my account up for Direct I 4. If my Automatic Payment information changes for any reason, including expiratinformation prior to the due date and The Alaska Club is unable to process my pafees which may result. 5. The Alaska Club is authorized to collect all funds due prior to the effective date	of the last day of the billing cycle, even though the transaction will actually be applied to my account. The Alaska Club will attempt to contact me to make alternative ment arrangements, my account will be subject to normal credit procedures for non payment. Invalid bankcard information or if my Payment has declined twice in a 12 month period, The Billing to Member (related fees apply). In the Alaska Club of the new account information. If I fall to provide this ayment, I will be responsible for an alternative payment arrangement and any return or late of cancellation. I will notify The Alaska Club in writing if I wish to terminate this agreement.					
Auto Pay State	ement Options (Initial One)					
a. Paperless Statements. Email Address: Deut to Final Company Statement will be available online at www.thealaskaclub.com. I will be responsible for reviewing my statement monthly and notifying The Alaska Club of any changes to my email address, mailing address or phone numbers. Email address must be provided when selecting this option.						
b. Mailed Statements. Monthly Statement fee applies. A monthly statement will be mail to me even though I am on the automatic payments.	ent plan. I understand a \$4 Statement Fee will be applied to my account monthly.					
3. Direct Billing to Member						
I, the undersigned, authorize The Alaska Club to charge my member	rship account the \$10 Direct Billing Set Up Fee and \$4 Monthly Statement					

Fee. The Alaska Club will mail me monthly statements. I understand payments are due on the 1st of each month and that a late fee will be

assessed if no payment is received at The Alaska Club by the 25th of the month.

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