

WELLNESS PARTNERSHIP

		by providing	Start Date: 1/29/18
the following wellness package to their employees (Organization Name)		Renewal Date: 1/28/19	
Should you choose to, covering some or all of the cost of your <u>employee</u> 's The Alaska Club membership can have a			
significant impact on their energy, health and their focus.			
Ptarmigan Pediatrics, LLC 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 30 days prior to this notification.			
All employees are individually responsible for cancelling their membership commitment. Ptarmigan Pediatrics, LLC			
reimburses their employee s membership(s) at the amount of 100% per individual membership / 100%			
per family membership.			
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Benefits to Employees:		D	
\$0 Enrollment, 1st and 6th Months of Membership Dues Free, 3 Months of Good Life Free*, 1 Month of Team Training Free.		Ptarmigan Pediatrics, LLC	
Non-Fitness Offer: 1 Month Free Tan & Massage Plus or Good Life* *In available markets.		Agrees to promote events in the following manner:	
Organization Name: Ptarmigan Pediatrics, LLC			
Address: 3543 E Meridian Park Lp Ste A, Wasilla AK 99654			
Contact Name: Ronda Fisher			
Phone Number: 907-357-4543 Fax Number: 907-357-4533		533 Email: rfis	her@ptarmiganpeds.com
Billing Contact (if applicable):			
Phone Number: Fax Number:		Email:	
			/ /
Organization Signature: GonQ-fold			Date:
Printed Name: Konda Fisher			
Title: Practice Administrator			
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The Alaska Club Wellness Partnership Representative Name: Kari Ballinger			
Phone Number: 907-864-7136 Fax Number:		Einail: kba	llinger@thealaskaclub.com
11.000			
The Alaska Club Signature: Yan Bullinger Date: 1/31/18			Date: <u> </u>
Printed Name: Kari Ballinger			
Title: Valley Membership Manager			
Comment			

^{**}Employee's will be responsible for any spa features once free trials have expired**