

Wellness Partnership

The Alaska Club agrees to assist Au by providing the following wellness p	(Organization Name) package to their Employees (Employees, team members, etc.)	Start Date: <u>1-30-19</u> Renewal Date: <u>1-29-20</u>
1	Wellness Calendar	
□ Onsite	Open House	☐ Fitness Party
1st Qtr	1st Qtr	1st Qtr
2nd Qtr	2nd Qtr	2nd Qtr
3rd Qtr	3rd Qtr	3rd Qtr
4th Qtr	4th Qtr	4th Qtr
☐ Fitness Challenge	☐ Fitness Seminar	□ Wellness Fair
1st Qtr	1st Qtr	Date
2nd Qtr	2nd Qtr	Date
3rd Qtr	3rd Qtr	Date
4th Qtr	4th Otr	Date

Benefits to Employees:

Zero enrollment

One and a half months membership dues free Two months Good Life spa package free

Aurora Behavior Services

4th Qtr

agrees to promote events in the following manner:

- $\ \square$ 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.







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Subsidizing or partially subsidizing the	he cost of a The Alaska Club meml	pership is completely optional. Should you
choose to, covering some or all of the	e cost of your <u>Staff</u> 's T	he Alaska Club membership can have a
		s that subsidize their employee memberships
agree to give The Alaska Club Member	Accounting (337-9550 ext. 1124) s	sixty-day prior notice to discontinuing the subsidy
of membership dues for its Employee	es in general.	·
Aurora Behavior Services will n	otify The Alaska Club if anyone for w	hom it pays a subsidy is no longer
employed there and shall be responsib	ple for the dues subsidy of terminate	d Staff prior to this
notification. All Employees are	e individually responsible for cancel	ling their membership commitment
Aurora Behavior Services subsi	dizes/reimburses their Staff	's membership(s) at the amount of
50% per individual members	ship / 0 per family me	mbership.
Organization Name: Aurora Beha	avior Services	
Address: 16331 Heritage Place St	e 101 Eagle River AK 99577	
Contact Name: Kelly Forestal		
Phone Number: 907-350-8893		Email:
Billing Contact (if applicable): _		
Phone Number:	Fax Number:	Email:
Organization Signature:	elly Forestal	Date:
Printed Name: Kelly	prestal	-
Title: Owner		
The Alaska Club Wellness Partne	ership Representative Name: _	Jay Millington
Phone Number: 907-264-2725	Fax Number:	Email: imillington@thealaskaclub.com
The Alexander Oliver Of a con-		
ine Alaska Club Signature:		Date:
Printed Name: Jay Millington	· · · · · · · · · · · · · · · · · · ·	Date:
The Alaska Club Signature: Printed Name: Millington Title: Corporate Membership Coord		Date:
Printed Name: Jay Millington		Date:
Printed Name: Jay Millington Title: Corporate Membership Coord	dinator	Date:
Printed Name: Jay Millington Title: Corporate Membership Coord Comment Corporate Benefits to employee Zero enrollment	dinator	Date:
Printed Name: Jay Millington Title: Corporate Membership Coord Comment Corporate Benefits to employee Zero enrollment One and a half month dues free	dinator	Date:
Printed Name: Jay Millington Title: Corporate Membership Coord Comment Corporate Benefits to employee Zero enrollment	dinator	Date:



