

Wellness Partnership

Stoel Rives, LLP Start Date: 03/31/2015 Renewal Date: 03/31/2016 Stoel Rives, LLP The Alaska Club agrees to assist ___ by providing the (Organization Name) following wellness package to their employees: **Wellness Calendar ☑** Onsite **☑** Open House ☐ Fitness Party TBD 1st Otr ____ 1st Qtr _ 1st Qtr 2nd Otr 2nd Qtr 2nd Qtr 3rd Qtr 3rd Qtr 3rd Qtr 4th Qtr 4th Qtr 4th Otr ☐ Fitness Challenge ☐ Fitness Seminar ✓ Wellness Fair _ 1st Qtr 1st Qtr 2nd Otr 2nd Otr 3rd Qtr 3rd Qtr Date 4th Qtr 4th Qtr Date The Alaska Club agrees to offer the following membership benefits to each employee of Stoel Rives, LLP available during each wellness activity. (Organization Name) **Benefits to Employees:** Stoel Rives, LLP \$0 Enrollment (Organization Name) First Month of Dues Free agrees to promote events in the following manner: Two Months of Membership Plus Free

\$20/\$30 Consultation at signup

Available during events, onsites or open house periods only.

1 year agreement / fee for early cancellation required.

Promote via organization website, intranet or newsletter

All promotional materials to be approved and provided by

Posters to announce onsite date(s)

The Alaska Club.



Wellness Partnership

Helping Employees With the Cost of Membership at The Alaska Club

Subsidizing or pa	rtially subsidizing	the cost of a The	e Alaska Club mer	nbership is	completely
optional. Should you choose to, covering some or all of the cost of your employees' The Alaska Club					
membership can have a significant impact on employee energy, health and their focus on serving					
your customers. Organizations that subsidize their employee memberships agree to give The Alaska					
Club Member Accounting (337-9550 ext. 1142) sixty day prior notice to discontinuing the subsidy of					
membership dues for its employees in general Stoel Rives, LLP 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 employees prior to this notification. All employees are individually responsible					
for cancelling their membership commitment. Stoel Rives, LLP subsidizes/reimburses					
their employee's memberships at the amount of $\0 per individual membership.					
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Organization Name: Stoel Rives, LLP					
Address: 90 SW Fifth Ave Ste 2600 Portland, OR 97204-1268					
-	llison M Lipp, PHR				
Phone Number: _	503-294-9483	_ Fax Number: _	503-220-2480	_ Email: alli	son.lipp@stoel.com
Billing Contact (if applicable):					
Phone Number: _		_ Fax Number: _		_ Email:	
	1.				
Organization Signature: <u>Alusanup</u>					Date: <u>4.7.15</u>
Printed Name: Allison Lipp					
Title: Benefits Ma					
110.61					
The Aleeka Club V	Vallmana Davtmarahi	n Donrocontativ	o Namos Katrina (Curry	
	Vellness Partnershi				rn/@thealaskasluh.com
Phone Number: _	907-365-7314	_ Fax Number: _	907-274-9940	_ Email:	rry@thealaskaclub.com
The Alaska Club S					Date:
Printed Name: <u>K</u> a					
Title: Lead Memb	ership Coordinato	r	-		

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