

Wellness Partnership

		NEA-ALASKA				
		Start Date: 08/10/2015	Renewal Date: 08/09/2016			
		8				
The Alaska Club agrees to assi		NEA-ALASKA	by providing the			
following wellness package to	their employees:	(Organization Name)				
	Wellness	Calendar				
☐ Onsite	☑ Open	House	☐ Fitness Party			
1st Qtr	9-7-15	TO 9-13-15 1st Qtr	1st Qtr			
2nd Qtr	12-7-15	to 12-13-15 2nd Qtr	2nd Qtr			
3rd Qtr	3-7-16	to 3-13-16 3rd Qtr	3rd Qtr			
4th Qtr	,	4th Otr	4th Qtr			
☑ Fitness Challeng	e 🖵 Fitne	ss Seminar	☐ Wellness Fair			
TBD 1st Qtr		1st Qtr	Date			
2nd Qtr		2nd Qtr	Date			
3rd Qtr	****	3rd Qtr	Date			
4th Qtr		4th Otr	Date			
•	·					
The Alaska Club a	grees to offer the follow	ing membership benefits to	each employee of			
1	NEA-ALASKA	available during each	• •			
(Org	anization Name)					
Benefits to Employees:		N	EA-ALASKA			
Join The Alaska Club and Receive: \$0 Enrollment		(Organization Name)				
1 Month of Dues For Free		agrees to promote events in the following manner:				
Two Months Free of Membership Plus		Promote via organization website, intranet or newsletter				
\$20/\$30 Coaching Session		Posters to announce onsite date(s)				
Available during events, onsites or op		The second secon	to be approved and provided by			
1 year agreement / fee for early cancella		The Alaska Club,				



Wellness Partnership

Helping Employees With the Cost of Membership at The Alaska Club

Subsidizing or partially subsidizing to optional. Should you choose to, coverembership can have a significant if your customers. Organizations that su	ering some or al mpact on emplo bsidize their emp	il of the cost of yo yee energy, healt ployee membership	ur employe h and thei os agree to	ees' The Alaska Club r focus on serving give The Alaska
Club Member Accounting (337-9550	ext. 1142) sixty (day prior notice to	discontinui	ng the subsidy of
membership dues for its employees in	general.	NEA-ALASKA	wi	II notify The Alaska
Club if anyone for whom it pays a subs	sidy is no longer	employed there an	d shall be	responsible for the
dues subsidy of terminated employees	s phor to this not	ification. All emplo	yees are in	dividually responsible
for cancelling their membership comm their employee's memberships at the a	amount of <u>N/A</u>	per indiv	idual mem	siaizes/reimburses bership.
Output NEA-ALASKA	Helian K		i i	
Organization Name: NEA-ALASKA	Mana Al-ODE47	the control of the co		
Address: 4100 Spenard Road Ancho	rage, Ak 99517			
Contact Name: Barbara Young				4
Phone Number: 907-274-0536	_ Fax Number: _	907-274-0551	_Email: ba	rb.young@neaalaska.org
Billing Contact (if applicable):				
Phone Number:			_Email:	
Organization Signature: <u>Bachara You</u> Printed Name: <u>Bachara You</u> Title: <u>Executive Assista</u>	. 4_			Date: 8/12/15
Printed Name: Barbara You	ns.	esta f		
Title: Executive Assista	at .	market en in		
		:	- ' ;	
The Alaska Club Wellness Partnership	o Representative	Name: Charles	Goodman	
Phone Number: 907-264-2727			2 007000000	oodman@thealaskadub.com
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The Alaska Club Signature:		· · · · · · · · · · · · · · · · · · ·		Date: 08/10/2015
Printed Name: Charles Goodman		luh Wast		