THE ALASKA CLUB

Wellness Partnership

Health Centered Dentistry

Start Date: 08/12/2015 Renewal Date: 08/12/2016

The Alaska Club agrees to assist Health Centered Dentistry *(Organization Name)* by providing the following wellness package to their employees:

Wellness Calendar

☑ Onsite

TBD 1st Qtr
____ 2nd Qtr
____ 3rd Qtr
____ 4th Qtr

☑ Open House

TBD 1st Qtr
____ 2nd Qtr
____ 3rd Qtr
____ 4th Qtr

☑ Fitness Party

TBD 1st Qtr
____ 2nd Qtr
____ 3rd Qtr
____ 4th Qtr

❑ Fitness Challenge

____ 1st Qtr
____ 2nd Qtr
____ 3rd Qtr
____ 4th Qtr

❑ Fitness Seminar

____ 1st Qtr
____ 2nd Qtr
____ 3rd Qtr
____ 4th Qtr

☑ Wellness Fair

Date TBD
Date ____
Date ____
Date ____

The Alaska Club agrees to offer the following membership benefits to each employee of Health Centered Dentistry *(Organization Name)* available during each wellness activity.

Benefits to Employees:

- $0 Enrollment
- First Month of Dues Free
- 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.

Health Centered Dentistry *(Organization Name)*

agrees to promote events in the following manner:

- ■ 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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Helping Employees With the Cost of Membership at The Alaska Club

Subsidizing or partially subsidizing the cost of a The Alaska Club membership 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. Health Centered Dentistry 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. Health Centered Dentistry subsidizes/reimburses their employee's memberships at the amount of $0 per individual membership.
*Extend to the Dentistry clients * proof of Receipts Required *

Organization Name: Health Centered Dentistry

Address: 1400 W Benson Blvd #150 Anchorage, AK 99503

Contact Name: Andrea Flannigon

Phone Number: 907-202-7010 **Fax Number:** _____ **Email:** andrea@hcdentistry.com

Billing Contact (if applicable): Andrea Flannigon

Phone Number: 907-202-7010 **Fax Number:** _____ **Email:** _____

Organization Signature: Andrea Flannigon **Date:** 8/24/15

Printed Name: Andrea Flannigon

Title: Office Manager

The Alaska Club Wellness Partnership Representative Name: Katrina Curry

Phone Number: 907-365-7314 **Fax Number:** 907-337-5865 **Email:** kcurry@thealaskaclub.com

The Alaska Club Signature: _____ **Date:** 8/24/15

Printed Name: Katrina Curry

Title: Lead Membership Coordinator