THE ALASKA CLUB

Wellness Partnership

Fairbanks Memorial Hospital

Start Date: 09/01/2015 Renewal Date: 09/01/2016

The Alaska Club agrees to assist Fairbanks Memorial Hospital *(Organization Name)* by providing the following wellness package to their employees:

Wellness Calendar

❑ Onsite

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

❑ Open House

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

❑ Fitness Party

_____ 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 _____
Date _____
Date _____
Date _____

The Alaska Club agrees to offer the following membership benefits to each employee of Fairbanks Memorial Hospital *(Organization Name)* available during each wellness activity.

Benefits to Employees:

Benefit will be available at all times to FMH Employees

$0 Enrollment and First Month FREE Dues

2 months Membership Plus

$20-$30 Fitness Consult Fee Required upon Enrollment

12 Month Agreement Required

Available during events, onsites or open house periods only.
1 year agreement / fee for early cancellation required.

Fairbanks Memorial Hospital *(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 (337-5550 ext. 1142) sixty day prior notice to discontinuing the subsidy of membership dues for its employees in general. Fairbanks Memorial Hospital 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. Fairbanks Memorial Hospital subsidizes/reimburses their employee's memberships at the amount of _____ per individual membership.

Organization Name: Fairbanks Memorial Hospital

Address: 1650 Cowles St, Fairbanks, AK 99701

Contact Name: Kelly Atlee

Phone Number: 907/458-5322 **Fax Number:** 907/458-5324 **Email:** kelly.atlee@bannerhealth.com

Billing Contact (if applicable): _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

Organization Signature: Kelly Atlee **Date:** 9-14-15

Printed Name: Kelly Atlee

Title: Director Public Relations and Communications

The Alaska Club Wellness Partnership Representative Name: Tyler Arnold

Phone Number: 907-458-1743 **Fax Number:** 907-456-5961 **Email:** Tarnold@thealaskaclub.com

The Alaska Club Signature: Tyler Arnold **Date:** 06/16/2015

Printed Name: Tyler Arnold

Title: Membership Services Manager