THE ALASKA CLUB

Wellness Partnership

Orthopedics Physicians Anchorage

Start Date: 09/07/2015 Renewal Date: 09/07/2016

Alaska Club agrees to assist Orthopedics Physicians Anchorage *(Organization Name)* by providing the owing 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 Orthopedics Physicians Anchorage *(Organization Name)* available during each wellness activity.

enefits to Employees:

$0 Enrollmenet
2 Months Free Membership Plus
First Month Free
$20-$30 Consultation Fee

Orthopedics Physicians Anchorage
(Organization Name)

agrees to promote events in the following manner:

- ☐ Promote via organization website, intranet or newsletter
- ☐ Posters to announce onsite date(s)

THE ALASKA CLUB

Wellness Partnership

lping Employees With the Cost of Membership at The Alaska Club

bsidizing or partially subsidizing the cost of a The Alaska Club membership is completely tional. Should you choose to, covering some or all of the cost of your employees' The Alaska Club mbership can have a significant impact on employee energy, health and their focus on serving ır customers. Organizations that subsidize their employee memberships agree to give The Alaska lb Member Accounting (337-9550 ext. 1142) sixty day prior notice to discontinuing the subsidy of mbership dues for its employees in general. Orthopedics Physicians Anchorage will notify The Alaska lb if anyone for whom it pays a subsidy is no longer employed there and shall be responsible for the es subsidy of terminated employees prior to this notification. All employees are individually responsible cancelling their membership commitment. Orthopedics Physicians Anchorage subsidizes/reimburses ir employee's memberships at the amount of $0 per individual membership.

ganization Name: Orthopedics Physicians Anchorage
dress: 3801 Lake Otis PKWY
ntact Name: David Murdock
one Number: 907-562-2277 **Fax Number:** 907-563-3460 **Email:** dmurdock@opaak.com
ling Contact (if applicable):
one Number: **Fax Number:** **Email:**

ganization Signature: David Murdock **Date:** 09/07/2015
nted Name: David Murdock
le: Accounting Head Manager

e Alaska Club Wellness Partnership Representative Name:
one Number: 907-365-7334 **Fax Number:** 907-694-2393 **Email:** nyaw@thealaskaclub.com

e Alaska Club Signature: Nate Yaw **Date:** 09/07/2015
nted Name: Nate Yaw