THE ALASKA CLUB

Wellness Partnership

The Alaska Club agrees to assist Mauld Hayward Insurance Agency. (Organization Name) by providing the following wellness package to their Employees (Employees, team members, etc.):

Start Date: 10/5/16

Renewal Date: 10/5/17.

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 _____ of _____ available during each wellness activity.

Benefits to Employees:

First month Free
$0 enrollment
2 months of Complimentary MP
$20/$30 Consult Fee

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

_____

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.

THE ALASKA CLUB Corporate Agreement

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 **'s The Alaska Club membership can have a significant impact on their energy, health and their focus.** Organizations that subsidize their employee memberships agree to give The Alaska Club Member Accounting (337-9550 ext. 1124) sixty-day prior notice to discontinuing the subsidy of membership dues for its Employees in general.

Malia Hayward Insurance Agency 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.

Malia Hayward Insurance Agency subsidizes/reimburses their Employees 's membership(s) at the amount of $50 per individual membership. $100 for Malia Hayward $100 FOR Bruce and Simonetta Savoia Perry

Organization Name: Malia Hayward Perry Insurance Agency
Address: 9110 Glacier Hwy, Juneau, AK 99801
Contact Name: Malia Hayward
Phone Number: 789-3187 **Fax Number:** 789-9887 **Email:** malia@juneausf.com
Billing Contact (if applicable):
Phone Number: **Fax Number:** **Email:**

Organization Signature: [signature] **Date:** 10/5/16
Printed Name: Malia Hayward
Title: Owner

The Alaska Club Wellness Partnership Representative Name: Jonathan Cabrera
Phone Number: 907 364 9316 **Fax Number:** **Email:** jcabrera@thealaskaclub.com

The Alaska Club Signature: [signature] **Date:** 10/5/16
Printed Name: Jonathan Cabrera
Title: Membership Manager

Comment

$50 per individual account
$100 for Bruce Perry and Simonetta Savoia couples M&S
$100 FOR Malia Hayward