

## **Wellness Partnership**

The Alaska Club agrees to assist by providing the following wellness	Geneva Woods M (Organization Name ss package to their	idwifery employees (Employees, team members, etc.)	Start Date: 12/29/16  Renewal Date: 12/28/17
	Wellnes	s Calendar	
☐ Onsite	<b>□</b> 0pc	en House	☐ Fitness Party
1st Qtr 2nd Qtr 3rd Qtr 4th Qtr		1st Qtr 2nd Qtr 3rd Qtr 4th Qtr	1st Qtr 2nd Qtr 3rd Qtr 4th Qtr
☐ Fitness Challenge	☐ Fitr	ness Seminar	☐ Wellness Fair
1st Qtr2nd Qtr3rd Qtr4th Qtr  The Alaska Club agree Geneva Woods Midwi	s to offer the follow	1st Qtr2nd Qtr3rd Qtr4th Qtr wing membership benefits tavailable during e	
Benefits to Employees: Zero enrollment First Month of Membership Dues Free Two Months of Membership Plus Free \$20/\$30 Fitness Consultation Required  Available during events, onsites or open 1 year agreement / fee for early cancellation	house periods only.	☐ Promote via organi☐ Posters to announc	e events in the following manner: zation website, intranet or newsletter









choose to, covering some or all of the cost of your <u>employee</u> '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 <u>employees</u> in general.
Geneva Woods Midwifery 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 employee prior to this
notification. All employees are individually responsible for cancelling their membership commitment.
Geneva Woods Midwifery subsidizes/reimburses their employee 's membership(s) at the amount of
per individual membership.
Organization Name: Geneva Woods Midwifery
Address: 2400 E 42nd Ave Anchorage, AK 99508-5206
Contact Name: Claire Norton-Cruz
Phone Number: 907-561-2626 Fax Number: Email: claire@genevawoodsbirthcenter.com
Billing Contact (if applicable):
Phone Number: Fax Number: Email:
Ditto de la
Organization Signature: Date: Date: Date: Date:
Organization Signature: <u>(XMM)</u> Printed Name: <u>Claire Norton-Cmit</u>
Printed Name: Claire Norton-Cmt  Title: Business manager
Printed Name: Claire Norton-Cmt
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com  The Alaska Club Signature: Alex Mumber: Date:
Printed Name:
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com  The Alaska Club Signature: Alex Mumber: Date:
Printed Name:
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com  The Alaska Club Signature: Julia Mighaelal Date: Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com  The Alaska Club Signature: Julia Mighaelal Date: Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator
Printed Name: Claire Norton-Cmt  Title: Business manager  The Alaska Club Wellness Partnership Representative Name: Taleen Lundale  Phone Number: 907-330-0181 Fax Number: Email: tlundale@thealaskaclub.com  The Alaska Club Signature: Julia Mighaelal Date: Printed Name: Taleen Lundale  Title: Corporate Wellness Coordinator



