

WELLNESS PARTNERSHIP

The Alaska Club agrees to assist Malia Hayward Insurance Agency	by providing	Start Date: 24SEP21
the following wellness package to their Employees : (Organ (Employees, team members, etc.)	ization Name)	Renewal Date: 24SEP23
Should you choose to, covering some or all of the cost of your empty-significant impact on their energy, health and their focus. Malia Hayward Insurance Agency will notify The Alaska Club if anyone		membership can have a
and shall be responsible for the dues subsidy of terminated employees All employees are individually responsible for cancelling the	yee prior to this notif	ication.
reimburses their employee 's membership(s) at the amount	of \$50 per individu	ual membership / \$50
per family membership.		
Benefits to Employees:		
\$0 Enrollment, 1 and 1/2 Months of Membership Dues Free, Two months of membership plus free, One Week of Team Training Free.	Malia Hayward Insurance Agency	
Non-Member Offer: One Month Free Tan & Massage Plus or Good Life*	Agrees to promote events in the following manner:	
*In available markets.	☐ 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.	
M-E-II		
Organization Name: Malia Hayward Insurance Agency		
Address: 9110 Glacier Hwy, Juneau, AK 99801 Contact Name: Malia Hayward		
500 0455	27 M	1'-0'
Phone Number: 789-3127 Fax Number: 789-988 Billing Contact (if applicable):	<u> </u>	llia@juneausf.com
Phone Number: Fax Number:	Facili	
Organization Signature: Printed Name: Malia Haywa	Email:	Date: 9/14/1
Title: Owner		
The Alaska Club Wellness Partnership Representative Name: Jak	e Wilson	
Phone Number: 364-4320 Fax Number:		lson@thealaskaclub.com
The Alaska Club Signature:		Date:
Printed Name: Jake Wilson		
Title: Membership Manager		
Comment		