



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELLNESS IN THE WORKPLACE

## ACTIVATING YOUR COMPANY'S POTENTIAL

### EMPLOYEE HEALTH & WELLNESS PROGRAM

## Corporate Membership Contract

As a result of your commitment to employee health and wellness, we are extending the YMCA corporate partnership to your workforce. Thank you for the opportunity to work together, creating healthier and happier employees!

- No cost to company (but contract needs to be signed to participate)
- YMCA Corporate Membership is available with minimum enrollment of:
  - 1 Member for businesses with 3-10 Employees
  - 2 Members for businesses with 11-19 Employees
  - 5 Members for businesses with 20+ Employees

**Employees will receive a 20% discount on Y membership – (monthly)**

- » Corporate Young Adult - \$39.74
- » Corporate Adult - \$69.12
- » Corporate Family - \$103.68

### TERMS:

- The Y will request a company roster on an annual basis and send a corporate membership roster to the company. It is the responsibility of the company to notify the Y if the employee roster changes.
- Employee must complete membership forms and be primary account holder on Y membership.
- Current YMCA members will not be reimbursed for any existing membership balances.
- Membership rates are month to month.
- Scholarships are available on the employee option only if the need exceeds the discount granted.
- Membership rates include unlimited facility access to all Idaho YMCA's and include limited use at all AWAY participating YMCA's.
- Memberships are contracts between the YMCA and the individual members; the partnering company is not a party to those contracts.

### RESPONSIBILITIES:

#### » THE EMPLOYER AGREES TO WORK TO MAKE THE PROGRAM A SUCCESS:

- Select which payment options works best for you.
- Conduct on-site enrollment kick-off presented by YMCA staff.
- The company will designate a representative to serve as the YMCA liaison. Liaison will promote the program to all eligible employees and distribute information for the duration of the program (in new hire packets and/or employee orientation, on the company website and employee information boards).
- The partnering company will provide a location for placement of applicable YMCA materials that is easily accessible by all employees.
- Inform the YMCA of any changes in your company that may affect membership (change in company size, employee termination, etc.)

#### » THE YMCA AGREES TO:

- Conduct on-site enrollment kick-off.
- Bill Corporate Members and Companies (if subsidizing) monthly.
- Provide usage reports about employees at employer request.
- Provide FREE tours and wellness orientations to members and connect them within the Y.

**By signing below, I agree to the terms of this contract:**

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Signature of Authorized Company Representative

Date

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Print Name and Title

**WOOD RIVER COMMUNITY YMCA**  
101 Saddle Road Ketchum, ID 83340  
P 208.727.9622 woodriverymca.org



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Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Company Liaison Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Liaison Email Address: \_\_\_\_\_

#### SELECT INITIAL PARTICIPATION LEVEL:

- ☐ Employee Purchase Plan – Employee (corporate member) will pay monthly membership dues (minus 20% discount). The employee (corporate member) will be billed monthly on the first of the month. Memberships beginning mid-month will be prorated. Dues for that month will be the responsibility of the employee at the time of membership application.
- ☐ Company 100% Purchase Plan – Company will subsidize 100% of their employee memberships. Company will be billed monthly to the corporation billing method below.
- ☐ Company Partial Subsidy Plan – Company will subsidize a portion of their employee memberships. Company will be billed their portion of membership dues monthly to the corporation billing method below.
- ☐ Amount of subsidy to be applied to each employee's membership account \$ \_\_\_\_\_ or \_\_\_\_\_ %

#### Payment Method (required for all Company purchase plans)

Credit/Debit Card Payment	Bank Draft Payment
Charge my: ____ Visa ____ MasterCard ____ AMEX	____ Checking Account ____ Savings Account
Card number: _____	Routing #: _____
Expiration Date: _____	Account #: _____
Name as it appears on credit card: _____	Financial Institution: _____

#### Payment Authorization

- ☐ I authorize monthly draft from checking, savings or credit card/debit card.

*I authorize my financial institution to honor drafts drawn by the Wood River Community YMCA on my account. Drafts from my account will be taken out between the 1st and the 10th of each month. The amount drafted will be the current balance due on my account. It is understood that my bank draft will be continuous until 10 days after written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that had non-sufficient funds. Changes or cancellations cannot be made by telephone or online. The YMCA will notify me, in advance, of any increase in my monthly membership draft amount.*

- Memberships beginning mid-month will be prorated. Dues for that month will be the responsibility of the employee at the time of membership application.
- Cancellations must be made in writing 5 days prior to the end of each month to take effect for the following month. Employees must cancel their memberships in person at: The Wood River Community YMCA, 101 Saddle Road, Ketchum, ID 83340.

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