

VALLEY HEALTH SYSTEM WORKPLACE CONNECTION

2022 CORPORATE WELLNESS PROGRAM

2022 Corporate Wellness Program	\$1,500
Webinar/Discussions	<ul style="list-style-type: none"> • Link listing and access to 2022 webinar/discussions • Associated health topic resource materials, if applicable • Monthly reminders of upcoming events
Participation Reporting	<ul style="list-style-type: none"> • Monthly, and End of Year Final
Additional	<ul style="list-style-type: none"> • Health Screening Request Form • Participant Survey • Dedicated Account Executive • Notice of additional virtual/in-person events hosted by Valley's Community Health Department

Fee to be assessed annually.

Access: An event portal website URL and/or digital program guide will be provided to client contact on or before January 1, 2022. All dated sessions are Live Events hosted on Microsoft Teams. Microsoft Teams Live Events are accessible via the Microsoft Teams App or compatible Web Browser (Chrome, Firefox, Edge). A Microsoft account is recommended but not required¹.

Webinars: Webinar presentations are pre-recorded and air live on the date(s) provided. A Q&A/discussion with a topic/healthcare professional follows the presentation. Topics & dates are selected based on health professional availability and are subject to change. All sessions are available on-demand for up to 180 days following the live airdate, unless otherwise noted. Following, session recordings are available in the archive library.

Reporting: A list of participating towns must be provided to VHS WorkPlace Connection upon start of the year. For reporting accuracy, participants should be encouraged to use their corporate email address to sign-on to the session(s). Participant records are available for up to 180 days following the airdate. Participation will be reported to client contact on a monthly basis along with a final end-of-year report. For sessions accessed through the archive library, participation record is not available.

Confidentiality: Attendee listing during event(s) is hidden/unavailable. Attendees may disclose their name when submitting a question or elect to submit anonymously. Participant record is only accessible to host (Valley Health System WorkPlace Connection.)

Prepared for BMED. This document is not to be re-distributed beyond the intended party.

¹ Sign-on is required in order to record participation

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BMED

Client Contact: _____

Email: _____

Address: _____

Billing Address: (if different from above) _____

No. of eligible participants for 2022: _____

Towns: _____



WorkPlace Connection

Service Agreement

Date: September 15, 2021

BMED

The Valley Health System (hereunder referred to as "Provider"), will perform the following services for **BMED** (hereunder referred to as "Client"), at the corresponding prices listed below.

Services and prices

2022 CORPORATE WELLNESS PROGRAM \$ 1,500

Billing/Payment Terms:

Only the services listed above will be performed as noted above. Should the Client request services not listed above, the Client shall be billed at the Providers usual and customary fees for additional services rendered. The Client will be invoiced for **contract services** rendered. If a minimum number is noted for a particular service, you will be charged for the minimum if participation falls below the number stated above. The Client agrees to make payment from such invoices within thirty (30) days from the date of the invoice. Past due balances of 60 days or greater are subject to a late fee of 1.5% of the past due balance per month, with a \$5.00 minimum. There will be a \$25.00 fee on all returned checks or insufficient funds of any sort.

This agreement is not intended to create any relationship between the parties other than that of independent entities, contracted solely for the purposes expressed in this agreement. The jurisdiction governing the parties shall be that of the State of New Jersey. This agreement constitutes the sole agreement of the parties and supersedes any and all prior understandings, written or oral agreements between the parties with respect to its subject matter. This agreement will automatically renew one year from the origination date and each successive year thereafter unless either party gives written notice to the other.

By signing below I agree to the above listed services, related costs, terms and conditions

Authorized signature / Title: _____ **Date:** _____