

Alaska Public Employees Association-AFT Legal Trust Fund

Legal Services Benefit User Agreement

Name: _____ Employee ID or last 4 of SSN: _____
(Please Print)

Mailing Address: _____

Home Phone / Cell: _____ Work Phone: _____

Personal Email: _____ Work Email: _____

The Legal Services Benefit is available to you as an employee if you are covered by one of the following bargaining unit employment contracts. Please indicate your employment unit.

- State Supervisory Unit
State Confidential Employees Association
Alaska Higher Education Crafts & Trades Employees
Fairbanks North Star Borough Employees Assoc.
Juneau Education Support Staff
Juneau Mental Health Professionals
Nome Joint Utilities Employees
Valdez Federation of Teachers
APEA Staff

Are you authorizing your spouse to use your benefit? Yes No. Spouse's name: _____

Are you authorizing another dependent to use your benefit? Yes No.

Dependent's Name: _____ Birthdate: _____ Relationship to you: _____

Coordination of Benefits: If your spouse has a legal service benefit thru APEA-AFT or ASEA, please complete this section. The primary claimant has the earliest birth month and day. The primary claimant's union must pay first.

Coordinating Applicant's Name: _____ ID or last 4 of SSN: _____

Coordinating Union & Legal Plan Name _____ Birth Month & Day: _____

Coordinating Applicant's Signature: _____ Date: _____

PLEASE READ THE FOLLOWING TERMS AND SIGN BELOW IN ACCEPTANCE:

USER agrees that the APEA-AFT Legal Trust Fund's responsibility for payment of covered fees and expenses is contingent on eligibility and Plan coverage of the particular matter under the terms of the Plan Booklet.

USER agrees to reimburse the APEA-AFT Legal Trust Fund by preference and priority for all amounts paid by the Trust insofar as said amounts are recovered from a third party.

USER understands the Plan provides for payment of legal fees and expenses up to a maximum of \$2,000.00, per User, per Plan year (July 1 to June 30). INVOICES FOR SERVICES IN THE PLAN YEAR ENDING JUNE 30th MUST BE RECEIVED IN THE ADMINISTRATIVE OFFICE BY THE DEADLINE DATE AUGUST 31st.

Note: If you use an Attorney who does not charge more than \$150.00 per hour, the Trust will pay one hundred percent (100%) of all covered legal services, expenses, and tax. Plan Attorneys are restricted to that rate for the entirety of your matter. Non-Plan Attorneys may charge more. When Non-Plan Attorneys charge more than \$150.00, per hour, the Trust will pay \$100.00, per hour; expenses are also covered under the terms of the Plan.

USER agrees to arrange with ATTORNEY payment of fees and expenses not covered by the Plan.

USER authorizes ATTORNEY to release to the Plan Office information necessary for processing benefit claims.

USER understands APEA-AFT Legal Trust Fund or Employer are not responsible for errors or omissions of ATTORNEY.

Signature: _____

Date: _____

APEA-AFT LEGAL TRUST FUND

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