

Alaska Public Employees Association-AFT Legal Trust Fund

**MEMBER AGREEMENT**

Member Name: \_\_\_\_\_ Employee ID or last 4 of SSN: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_

Home Phone / Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

**The following bargaining units participate in APEA’s Legal Trust Fund. Please check your unit.**

- |   |   |
|---|---|
| <input type="checkbox"/> State Supervisory Unit                           | <input type="checkbox"/> Juneau Mental Health Professionals |
| <input type="checkbox"/> State Confidential Employees Association         | <input type="checkbox"/> Kenai Borough Employees Assoc.     |
| <input type="checkbox"/> Alaska Higher Education Craft & Trades Employees | <input type="checkbox"/> Nome Joint Utilities Employees     |
| <input type="checkbox"/> Fairbanks North Star Borough Employees Assoc.    | <input type="checkbox"/> Valdez Federation of Teachers      |
| <input type="checkbox"/> Juneau Education Support Staff                   | <input type="checkbox"/> APEA Staff                         |

Are you authorizing your spouse or other dependent to use your benefit?  Yes  No

Dependent’s Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Coordination of Benefits:** If your spouse has a legal service benefit thru APEA or another union, please complete this section. The primary claimant has the earliest birth month and day and their 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:**

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

MEMBER 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.

MEMBER understands the Plan provides for payment of legal fees and expenses up to a maximum of \$2,000.00, per Member, per Plan year (July 1 to June 30). **INVOICES FOR SERVICES PERFORMED IN THE PRIOR PLAN YEAR MUST BE RECEIVED BY THE DEADLINE DATE OF AUGUST 31<sup>ST</sup>.**

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 and tax are also covered under the terms of the Plan.

MEMBER agrees to make arrangements with ATTORNEY for payment of fees and expenses not covered by the Plan.

MEMBER authorizes ATTORNEY to release to the Plan Office information necessary for processing benefits claim.

MEMBER understands and agrees that APEA-AFT Legal Trust Fund and Employer are not responsible for any errors or omissions of the ATTORNEY.

**Member’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APEA-AFT LEGAL TRUST FUND**  
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