

Alaska Public Employees Association/AFT
Legal Trust Fund
PLAN B
Master Attorney Agreement

Attorney/Firm _____ Telephone _____

Mailing Address _____ City/State _____ Zip _____

Tax I.D. # _____ (required)

I/We agree that the following terms will govern all legal matters undertaken by myself, or my firm, on behalf of clients covered by the Alaska Public Employees Association/AFT Legal Services Plan.

I/We understand and agree that the Plan provides for payment of \$2,000.00 per member each fiscal year (July 1 thru June 30), with the provision that the Plan pays \$60.00 per hour for legal services if your hourly rate exceeds \$125.00. If your hourly rate does not exceed \$125.00, the Plan will pay 100% of legal services up to the member's maximum. Covered expenses and tax are paid at 100% regardless of your hourly rate. Once the member has maximized their benefit for the fiscal year, any payment for services in the same fiscal year will be the member's responsibility.

I/We agree that all third party recoveries must be reimbursed to the APEA/AFT Legal Trust Fund and that no flat fee billings will be allowed, nor are contingency fee cases covered. I/We further understand that the Plan reserves the right to withhold payments of billings upon the Member's request.

I/We agree to submit itemized billings in the name of the Member listed on the "Member Agreement" form showing daily and hourly charges of detailed services on a monthly basis (even though the case may be ongoing) to the APEA/AFT Legal Trust Fund office.

I/We understand that payment will be denied if itemized billings are not received in the Plan Office by August 31 for services performed in the prior fiscal year (ending June 30).

I/We agree to consult the Plan in the event a question of interpretation of the Plan Booklet or Plan coverage arises.

I/We agree that APEA/AFT Legal Trust Fund's responsibility for payment of covered fees and expenses is contingent upon eligibility and Plan coverage of the particular matter under the terms of the Plan Booklet.

I/We agree to hold the Trust harmless and defend it against any action arising out of, or in connection with, the Attorney's conduct or handling of any matter for a Member of the Plan.

Signature _____

Date _____

*Please call the Plan Office at (907) 586-9855 if you have any questions.
Our address is 211 Fourth St, Suite 306, Juneau, Ak 99801. Or, **FAX IT (907) 586-5905.***

Effective January 1, 2012