

Alaska Public Employees Association/AFT
Legal Trust Fund

MEMBER AGREEMENT

Member Name _____
Member SSN or Employee ID _____
Address _____
City, State & Zip _____
Birth Month & Day _____
Home/Cell _____ Work _____
Email _____

You must be in one of the following bargaining units. Please check one:

____ CEA ____ LOCAL 6070
____ FNSB ____ NJU
____ JESS ____ SU
____ KBEA ____ Union Staff

Is your dependent using the Plan? YES ___ NO ___

Dependent's Name _____ Relationship to you _____

If you marked YES, and your dependant is your spouse or same-sex domestic partner and also has a legal benefit either through this Plan or another Legal Plan for this claim – the Coordination of Benefits section must also be completed. If your same-sex domestic partner is receiving legal services, the Statement of Financial Interdependence form must also be completed.

Member's Signature _____ *Date* _____

Coordination of Benefits

If your spouse or same-sex domestic partner is also an APEA/AFT member in one of the above bargaining units OR has a legal service benefit thru another union, please complete this section in order to coordinate benefits. The primary claimant has the earliest birth month and day and their union shall pay first.

Coordinating Applicant's Name _____
SSN or Employee ID _____ Birth Month & Day _____
Coordinating Union _____

Coordinating Applicant's Signature _____ *Date* _____

MEMBER agrees that the APEA/AFT Legal Trust 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 that the Plan provides for payment of legal fees and expenses up to a maximum of \$2,000.00 (effective 1-1-12) per Member, per fiscal year (July 1 to June 30). **INVOICES MUST BE RECEIVED BY THE DEADLINE DATE OF AUGUST 31st FOR SERVICES PERFORMED IN THE PRIOR FISCAL YEAR IN ORDER TO BE PAID BY THE PLAN.** If you use a Plan A Attorney, the Trust will pay one hundred percent (100%) of all covered legal services, expenses and tax. Plan A Attorneys have agreed to lower their rate to \$125.00 per hour and \$75.00 per hour for paralegal services. If you use a Plan B Attorney, they may charge you more. If the Plan B attorney's rate exceeds \$125.00 per hour, the Trust will pay a flat \$60.00 per hour and 100% of expenses and tax covered under the terms of the Plan. If the Plan B attorney's rate does not exceed \$125.00 per hour, payment will be at 100% up to the maximum.

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

MEMBER authorizes ATTORNEY to release any information to the Plan Office necessary to process the MEMBER'S claim for benefits.

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

APEA/AFT Legal Trust Fund, 211 Fourth St, Suite 306, Juneau, AK 99801
Plan Office in Juneau (907) 586-9855 Toll-Free in Alaska (800) 478-9991

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