

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST TRUSTEE APPLICATION

Thoroughly Review Trust Documents

Before being included as an official ASEA/AFSCME Local 52 Trustee candidate, applicants must be a member in good standing and agree that they have read, understand, and consent to the information in the following documents:

- Trust Agreement, As Amended and Restated
- Trustee Election Policy
- Trustee Responsibilities Overview (signature required)
- Trustee Agreement (signature required)

These documents are posted on the Trust's website: www.aseahealth.org click "Trustees/Policies, then "Trustees" (click "Next" to see all forms).

Applying for Candidacy

The following must be submitted to the Trust office by 5 p.m. at the close of the nomination period.

- Provide signed copies of the Trustee Responsibilities Overview, Trustee Agreement and this document.
- Trustee position are you applying for: _____
- Print your name how you want it to appear on the ballot: _____
- A resume or statement of personal qualifications (up to 450 words). Describe your credentials for the position of Trustee, including your knowledge of employee benefits issues, special training pertaining to benefit plans and/or fiduciary responsibility and other unique qualifications, training or knowledge. Any portion that is not related to personal qualifications or which exceeds 450 words will be cut."
- **(Optional)** A digital photo, to be included on the ballot; photo should be a head shot, using equipment set to the largest phot size, and saved as a JPEG (jpg) file format. Be sure that the facial features are clear, sharp and unobstructed, keeping scenery and background details to a minimum.

Statement of Agreement

I agree, if elected, that I have read and understand the Trustee Responsibilities Overview and Trustee Agreement documents and agree to follow all administrative policies and procedures approved and set forth by the Board of Trustees. If elected, I am willing to serve the full four-year term.

Further, having read the Trust Agreement, As Amended and Restated and Trustee Election Policy, I attest that I understand their contents; and if elected, I agree to execute ASEA/AFSCME Local 52 Health Benefits Trust - Trusteeship, accordingly.

Name _____

Address _____

Email _____

Signature _____ Date _____

Please keep a copy for your records and submit original documents (by mail, fax or "Contact Us") to:

ASEA/AFSCME Local 52 Health Benefits Trust, Attention: Board of Trustees
Mail: 111 W. Cataldo, Suite 220, Spokane, WA 99201
Online: Contact Us
Fax: 509-323-7614
Phone: 866-553-8206 (toll-free)

The ASEA/AFSCME Local 52 Health Benefits Trust is not responsible for any failure of telecommunications technology equipment. Regardless of the method of submission, candidates are advised to call the Trust Administrator prior to the deadline to confirm that their documents were received.