

# APEA-AFT Health and Welfare Trust

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Administered by  
Welfare & Pension Administration Service, Inc.

## APEA-AFT Health and Welfare Trust Salary Reduction Agreement

I, the undersigned, understand that I have the right to elect between benefit plan choices offered under the APEA-AFT Health and Welfare Trust (Trust), as negotiated between the Juneau Educational Support Staff and the Board of Education on behalf of the Juneau City and Borough School District, I hereby elect to a salary reduction of my pre-tax compensation to facilitate the payment of the employee portion of the contribution to the Trust required to effectuate my benefit election choice (or default election) for the present benefit plan year, and for plan years going forward until I either am no longer eligible to participate in the Trust, or I revoke this Salary Reduction Agreement in writing and deliver such revocation to the Trust and my employer.

I understand that the pre-tax salary reduction amount is determined periodically by the Board of Trustees of the Trust and that I will be provided with advance notice of any change in the employee portion of the contribution. I also recognize that my annual election choice may only be changed during Open Enrollment, or as specified in the Plan Booklet governing mid-year changes of election choice.

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Member Signature

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Print Name

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Date