



2020 Trustee Application

Name: _____ Date: _____
Last First Middle

Instructions: The information collected in this application will be used by the Trustees' Governance Committee in reviewing and recommending Trustee candidates. All Trustees must be elected by the participants in plans sponsored by the Wisconsin Education Association Insurance Trust (WEA Trust).

Unless otherwise noted, any information collected herein may, at the discretion of the WEA Trust, be disclosed to WEA Trust participants as part of the election process.

If you need additional guidance as to the information requested, please contact Vaughn Vance, WEA Trust General Counsel, by calling (608) 661-6774 or at vvance@weatrust.com.

If submitting a hard copy application and additional space is needed, please include on a separate piece of paper.

Completed applications should be sent to the following address:

Board of Trustees
WEA Trust
45 Nob Hill Road
Madison, WI 53713-3959

Deadline: All application materials must be received no later than 5 p.m. February 14, 2020.

Minimum Qualifications: Trustees must be at least 18 years or older and be bondable (as determined by the WEA Trust's fiduciary liability carrier or its intermediary). Trustees must be able and willing to meet approximately six times per year and can expect to spend between 10-20 hours per month fulfilling their duties. Trustees need not be participants in any WEA Trust sponsored benefit plan.

Exclusions: Current employees or the spouses, domestic partners, and/or dependents of current employees of the following (or any affiliate thereof) are ineligible to serve as a Trustee and cannot be candidates for the position: the WEA Trust, WEA Insurance Corporation, WEA Member Benefits Trust, WEA Tax Sheltered Annuity Trust, WEA Property & Casualty Company, and WEAC. Former employees of any of the preceding entities or their affiliates are also ineligible to serve as a Trustee and may not be a candidate for the position.

Diversity Valued: The Trust is committed to diversity and to reflecting the members we serve, both in our staffing and in organizational governance. All Trustee candidates that embody and affirm the Trust's commitment to diversity are encouraged to apply.

PERSONAL INFORMATION

Information contained in the shaded box will remain confidential. All other information collected herein may, at the discretion of the WEA Trust, be disclosed to WEA Trust participants as part of the election process.

Name: _____ **Date:** _____
Last First Middle

Current Employer or Occupation: _____

Personal Address: _____
Street

_____ City State Zip Code

Personal email address: _____ @ _____

Phone number: _____

Business Address: _____
Street

_____ City State Zip Code

Business email address (optional): _____ @ _____

Specify preferred mailing address: Home Business
(Click on box of your choice to select answer)

Please list any pending lawsuits in which you are a named party.

Date	Place	Nature of Litigation	Status

Have you ever been refused a fidelity, surety, performance or other bond? Yes No

If yes, please explain and list:

I am now, or have been, a participant in a benefit plan sponsored by WEA Trust:

Yes No

I am now, or have been, employed by any of the following organizations or an affiliate thereof: the WEA Trust, WEA Insurance Corporation, WEA Member Benefits Trust, WEA Tax Sheltered Annuity Trust, or WEAC: Yes No

I am the spouse, domestic partner or dependent of a current WEA Trust, WEAC or WEA Member Benefits Trust employee: Yes No

I am aware of a potential conflict of interest that I may have related to service on the WEA Trust Board of Trustees: Yes No

If yes, please explain:

EDUCATION, LICENSURE & MEMBERSHIPS *(Please list most recent information first)*

High School: _____ Year Graduated: _____
Name and Location

Postsecondary educational institutions attended (list all):

Name and Location	Dates Attended	Degrees Received

Degrees or professional certifications (list all). (Please list most recent information first)

Have you held or do you hold an occupational or professional license or certificate in the State of Wisconsin? Yes No

If yes, provide the title and number, original issue date, and issuing authority. If any disciplinary action has ever been taken against you by the issuing authority, state the type and date of the action taken.

License/Certificate Number	Issue Date	Issuing Authority	Disciplinary Action	Date
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Association memberships/offices you have held or currently hold (list all relevant, beginning with the most recent).

Business, professional, occupational, civic, or fraternal organization(s) of which you are now a member, or of which you have been a member (list all relevant). (Please list most recent information first)

SKILLS & EXPERTISE

Describe skills or expertise that you possess that is relevant to service as a Trustee.

EMPLOYMENT HISTORY AND PROFESSIONAL BACKGROUND

Employers or organizations for which you have worked (in chronological order, beginning with the most recent).

Employer Name	Location	Title	Dates of Employment
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Have you ever been responsible or played a role in managing a business or other corporate entity? Yes No

If yes, please list the name of the business and describe your involvement.

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Have you ever served as a board member for any for-profit organization, non-profit organization, or public entity? Yes No

If yes, please list the organization, location, any offices held, and length of service.

Organization	Location	Office(s) Held	Dates of Service
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CANDIDATE STATEMENT

Please describe your reasons for wanting to serve as a Trustee. Include any goals or objectives you seek to accomplish if you are elected as a Trustee. This statement may be published for election purposes.

REFERENCES

Please list three references that can attest to your skills and/or character during the past five years. Include a current address and telephone number for each. Contact information for references will remain confidential.

Name:	_____
Address:	_____
Phone No.:	_____
Email:	_____
Relationship:	_____
Name:	_____
Address:	_____
Phone No.:	_____
Email:	_____
Relationship:	_____
Name:	_____
Address:	_____
Phone No.:	_____
Email:	_____
Relationship:	_____

ATTESTATION

I certify that the answers and information provided in this application are complete and true to the best of my knowledge. By submitting this application, I request that the WEA Trust Board of Trustees consider me as a candidate for the position of Trustee.

Applicant Signature

Date