



## 2021 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](mailto:vvance@weatrust.com).

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

Completed applications may be emailed to [election@weatrust.com](mailto:election@weatrust.com), uploaded from the Trustee Election website (<https://www.weatrust.com/about-us/trustee-election/upload-application>), or mailed 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. December 31, 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.

<b>License/Certificate Number</b>	<b>Issue Date</b>	<b>Issuing Authority</b>	<b>Disciplinary Action</b>	<b>Date</b>
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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.



**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