



AWC Employee Benefit Trust  
**Non-City Entity Application**

[www.awcnet.org/employeebenefits](http://www.awcnet.org/employeebenefits)

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person Email:** \_\_\_\_\_

**Contact Person Phone:** \_\_\_\_\_ **Contact Person Fax:** \_\_\_\_\_

**Sponsoring Member City:** \_\_\_\_\_

**1. Describe the function of your organization and what traditionally city-provided service(s) your organization provides:**

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**2. Who does your organization serve? Who is your customer base?**

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**3. List the members of your governing board. Please indicate any board members that are elected or appointed city officials.**

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4. Does your organization currently have benefit coverage for its employees? If so,

- What types of health coverage (medical, dental, vision etc)?

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- Which carrier (and Plan Sponsor if appropriate) provides each health coverage?

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- How long have you been insured with each carrier?

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5. Do you have any LEOFF I Active employees or LEOFF I Retirees?  
(Law Enforcement Officers and Fire Fighters) \_\_\_\_\_Yes \_\_\_\_\_No

6. Do you have any employees who are continuing benefit coverage on a self-pay basis through COBRA, or who are participating on an employer sponsored retiree medical plan? Do you have any employees who may retire in the near future? \_\_\_\_\_Yes \_\_\_\_\_No

Please list all current COBRA participants.

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Please list all current retirees & anticipated retirements in the next 5 years.

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7. Does your organization anticipate large growth in the number of employees in the coming 3-5 years? If yes, please explain.

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