



## CORRECTIONAL OFFICERS BARGAINING UNIT CHECKOFF AUTHORIZATION

I hereby authorize and direct the State of Alaska (“Employer”) to deduct from my paycheck the appropriate amounts approved below for monthly union dues/fees, including Association Business Leave, and other assessments that the Alaska Correctional Officers Association (ACOA) have established and uniformly applies to all members, in accordance with the terms of the applicable collective bargaining agreement established between ACOA and the State.

My authorization of a contribution to the ACOA Political Action Committee (PAC) is freely and voluntarily made with the understanding that the contributions shall be used for political purposes. I understand that my authorization of a deduction directed to ACOA’s PAC may be changed or revoked by me at any time by giving written notice of that intent to both my Employer and the PAC. I further understand that the PAC deduction shown below is a suggested monthly amount and that I may contribute more or less than that amount indicated by any lawful means other than this checkoff and that ACOA cannot act in a favorable or unfavorable manner toward me because of the amount of my contribution, or my failure to contribute.

*Dues & PAC contributions are not charitable deductions for federal income tax purposes. Dues paid to ACOA may be deductible in limited circumstances subject to I.R.S. regulations. Consult your accountant.*

I elect to join the Alaska Correctional Officers Association (ACOA) as a Member with full membership benefits, privileges and voting rights.

I elect not to join the union and pay agency fees. Agency fees are limited to the cost of union representation for negotiations and contract administration, and are determined by the union. Agency Fee Payers are not entitled to all the benefits, privileges, or any voting rights of union membership.

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

Dues, Fees, & Business Leave:

x \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ACOA PAC Contribution:

(\$5.00 suggested) \$ \_\_\_\_\_  
AMOUNT

x \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# ALASKA CORRECTIONAL OFFICERS ASSOCIATION

## MEMBERSHIP REGISTRATION FORM

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

FACILITY/SHIFT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PERSONAL E-MAIL  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

PLEASE RETURN TO: **ALASKA CORRECTIONAL OFFICERS ASSOCIATION**  
**P.O. BOX 210290**  
**ANCHORAGE, AK 99521-0290**

# LIMITED AUTHORIZATION AND RELEASE OF RECORDS

I hereby authorize the State of Alaska to release to Alaska Correctional Officers Association, ACOA, all records in its possession, of whatever type, that pertain to my employment with the State of Alaska in any capacity. This designation is effective at all times that I am represented by ACOA, unless I expressly revoke this Authorization & Release in writing.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

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Signature

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Printed Name

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Title

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Work Location

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Position Control Number *or*  
Social Security Number

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ACOA Representative

## **IMPORTANT INFORMATION REGARDING ENROLLING FOR HEALTH BENEFITS**

You have important decisions to make about which of the State's three Health Benefit Plans you wish to enroll in and which Dental and Vision options suit your needs. **If you do not enroll within 30 days of being employed you will automatically be enrolled in the Economy plan and Preventive Dental Plan and you will have no Vision Plan coverage.** You will also be barred from changing any of the selected options until the following year's open enrollment period and your Dental and Vision options must have been in effect for at least 18 months before changes can be made.

If you have not been given enrollment information, you should ask your institution's administrative specialists for assistance or you can go to the State's Retirements and Benefits web page at <http://www.state.ak.us/drb/ghlb/enrollment-packets.shtml>

Exercise your right to choose. Get the information you need to select the benefits that best suit your needs, **but remember to enroll within your first 30 days of employment.**

**Note:** This notice is provided by the Alaskan Correctional Officers Association. It reflects the most current information available from the State; however, ACOA does not speak for the State.