



MAC Trust board member application form

This Missouri Association of Counties (MAC) Workers' Compensation Trust has put together this application form for potential candidates to submit their names for consideration to become a board member for the MAC Trust. The Trust is governed by a five-member board of directors, all of whom are county-elected officials. They are elected to serve three-year staggered terms by a majority vote of the Trust members at the MAC fall annual meeting.

Board member qualifications

- Candidate must be a duly elected and qualified county official
- Candidate must be a current member of the MAC Trust

Board member duties

- Supervise the overall administration of the Trust
- Attend board meetings, special call meetings and the annual membership meeting
- Participate in conference calls/video conference meetings
- Approve large claim settlements

First Name

Last Name

Suffix

Job Title

County

Address

City

State

Zip

Office Phone

Mobile Phone

Email

1. As an elected official, date county term expires: _____ / _____ / _____

2. How long have you held this office? _____ Year(s)

3. Are you reasonably free to travel? ___ Yes ___ No

Are you involved in your county's membership with the Trust? In the space below, provide a brief description of your knowledge or experience you have in workers' compensation while serving in a county office.

In the space below, provide a brief description of your activities and any positions you may have held with MAC or an association affiliated with MAC.

Provide information you feel you will bring the Trust as a board member.

Is your county supportive of you serving on the Trust? Yes No

Explain:

Signature

Date

Submit completed application forms to:
David Owen, MAC Trust Deputy Administrator
Fax: 573-634-3549
Email: dowen@mocounties.com

*** Along with your application, please submit a cover letter and resume ***