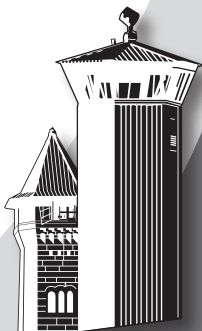


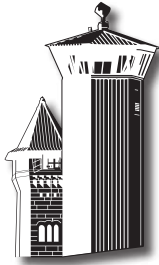


**SUMMARIES OF  
MATERIAL MODIFICATIONS**  
to the  
**BENEFIT PLANS**  
provided by  
**THE CCPOA  
BENEFIT TRUST FUND**

**CCPOA  
Benefit Trust Fund**







**SUMMARIES OF  
MATERIAL MODIFICATIONS**  
to the  
**BENEFIT PLANS**  
provided by  
**THE CCPOA**  
**BENEFIT TRUST FUND**

Dear Participant:

We are pleased to announce a newly expanded disability survivor benefit and changes to the structure of your benefits. While no other changes have been made to the amounts or types of benefits that the Trust provides, the Trust's benefits have been re-structured into various plans as described in the enclosed summaries of material modifications or "SMMs." These plans include the existing Welfare Benefit Plan and Medical Plan and the new Supplemental Benefit Plan. The Disability Benefit Program is now its own separate Disability Benefit Plan. ***You should not notice any changes to the actual benefits provided through the Trust.***

## Summary Material Modification

Please read the SMMs and keep them with your copies of your benefit program documents, insurance certificates or summary program descriptions, as applicable. These documents continue to control how participants can obtain Trust benefits and how the plans are administered, except to the extent that they conflict with the information provided in the enclosed SMMs. If you need another copy of the benefit program document, insurance certificate or summary program description for the benefits in which you are enrolled, please access **[www.ccpoabt.org](http://www.ccpoabt.org)** or request a copy by completing and sending the enclosed postage prepaid postcard to the Trust.

If you have any questions, please let us know.

Sincerely,

Michael E. Smalley  
Trust Administrator

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**CCPOA BENEFIT TRUST FUND  
SUPPLEMENTAL PROGRAMS**

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**SUMMARY OF MATERIAL  
MODIFICATION**

The Board of Trustees of the CCPOA Benefit Trust Fund recently made changes to the structure of the benefit programs it sponsors, including the following programs:

- Basic Term Life Insurance Program for rank & file members and supervisors, as provided through the group insurance policy with the New York Life Insurance Company; and
- Basic Term Life Insurance Program for members of the CCPOA retiree chapter, as provided through the group insurance policy with the New York Life Insurance Company; and
- \$5,000 Accidental Death & Dismemberment (AD&D) Insurance Program; and
- VSP Second Pair of Eyeglasses Benefit for rank & file members.

No changes have been made to the benefits provided under the above named programs, but they are now component programs of the new CCPOA BTF Supplemental Benefit Plan (the "Plan"), effective as of April 1, 2011. The "plan number" for the CCPOA BTF Supplemental Benefit Plan is "503." Subject to the terms and conditions of the above referenced programs, including applicable enrollment and premium payment requirements, the Plan is available to:

- Full-time permanent employees and permanent intermittent employees of the State of California Bargaining Unit 6; and
- Employees of the CCPOA or CCPOA Benefit Trust Fund.

All other provisions of the program documents, insurance certificate or summary program descriptions for the above named programs, as applicable, remain the same and apply except to the extent that they conflict with the information provided in this document.

## Summary Material Modification

Note: Ivan Walker is no longer a Trustee on the CCPOA Benefit Trust Fund's Board of Trustees.

If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

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**Note:** The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. This notice constitutes your "summary of material modifications" as required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Please keep this summary of plan changes with your copy of the program document, insurance certificate or summary program description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained in official plan documents that govern the operation of the above named benefit programs and which control in the event of any omissions or other differences between those documents (including the documents governing the CCPOA BTF Supplemental Benefit Plan) and this document unless specified otherwise herein.

DOCS-#119181-v3-CCPOA\_BTF\_-\_Supp\_\_Benefit\_Plan\_SMM\_(2011)



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**CCPOA BENEFIT TRUST FUND  
WELFARE PROGRAMS**

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**SUMMARY OF MATERIAL  
MODIFICATION**

The Board of Trustees of the CCPOA Benefit Trust Fund recently made changes to the structure of the benefit programs it sponsors, including the following programs:

- Group Supplemental Term Life Insurance Program as provided through the group insurance policy with the New York Life Insurance Company; and
- Group Dependent Term Life Insurance Program as provided through the group insurance policy with the New York Life Insurance Company; and
- Group Accidental Death & Dismemberment (AD&D) Insurance Program as provided through the group insurance policy with the New York Life Insurance Company; and
- Combined Insurance Program; and
- VSP Second Pair of Eyeglasses Benefit Program.

No changes have been made to the benefits provided under the above named programs, but they are now component programs of the re-named CCPOA BTF Welfare Benefit Plan (the “Plan”), effective as of April 1, 2011. The “plan number” for the CCPOA BTF Welfare Benefit Plan is “501”.

The Disability Benefit Program has also been restructured into its own separate plan, the CCPOA BTF Disability Benefit Plan, effective as of April 1, 2011. The “plan number” for this plan is “502”. The survivor benefit under the Disability Benefit Plan has also been expanded so that it is payable if a participant dies while receiving benefits under the Disability Benefit Plan or during his or her “elimination period.” This change is effective with respect to claims that arise on or after April 1, 2011. No other changes have been made to

## Summary Material Modification

benefits provided under Disability Benefit Plan.

Lastly, Ivan Walker is no longer a Trustee on the CCPOA Benefit Trust Fund's Board of Trustees.

All other provisions of the program documents, insurance certificate or summary program descriptions for the above named programs remain the same and apply except to the extent that they conflict with the information provided in this document.

If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

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**Note:** The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. This notice constitutes your "summary of material modifications" as required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Please keep this summary of plan changes with your copy of the program document, insurance certificate or summary program description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained in official plan documents that govern the operation of the above named benefit programs and which control in the event of any omissions or other differences between those documents (including the documents governing the CCPOA BTF Supplemental Benefit Plan) and this document unless specified otherwise herein.

DOCS-#119179-v1-CCPOA\_BTF\_-\_Welfare\_Benefit\_Plan\_SMM\_(2011)

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**CCPOA BENEFIT TRUST FUND  
PIGGYBACK PROGRAM**

---

**SUMMARY OF MATERIAL  
MODIFICATION**

The Board of Trustees of the CCPOA Benefit Trust Fund recently made changes to the structure of the benefit programs it sponsors, including the Piggyback Program (also known as the CCPOA Supplemental Dental/Vision/Hearing Aid Program). No changes have been made to the benefits provided under the Piggyback Program, but it is now a component program of the re-named CCPOA BTF Welfare Benefit Plan (the “Plan”), effective as of April 1, 2011. The “plan number” for the CCPOA BTF Welfare Benefit Plan is “501.”

In addition, Ivan Walker is no longer a Trustee on the CCPOA Benefit Trust Fund’s Board of Trustees.

All other provisions of the Piggyback Program - Program Document and Summary Program Description remain the same and apply except to the extent that they conflict with the information provided in this document.

If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

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**Note:** The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. This notice constitutes your “summary of material modifications” as required by the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Please keep this summary of plan changes with your copy of the Program Document and Summary Program Description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained

## **Summary Material Modification**

in official plan documents that legally govern the operation of the Piggyback Program and which control in the event of any omissions or other differences between those documents (including the documents governing the CCPOA BTF Welfare Benefit Plan) and this document unless specified otherwise herein.

DOCS-#119180-v1-CCPOA\_BTF\_-\_Piggyback\_Program\_SMM\_(2011)

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**CCPOA BENEFIT TRUST FUND  
WESTERN DENTAL PLAN**

---

**SUMMARY OF MATERIAL  
MODIFICATION**

The Board of Trustees of the CCPOA Benefit Trust Fund recently made changes to the structure of the benefit programs it sponsors, including the Western Dental Plan. No changes have been made to the actual benefits provided under the Western Dental Plan, but it is now a component program of the CCPOA BTF Medical Plan effective as of April 1, 2011 and different provisions now apply to the plan as set forth below.

Subject to the terms and conditions of the Western Dental Plan, including applicable enrollment and premium payment requirements, the Western Dental Plan is available to:

- Full-time permanent employees and permanent intermittent employees of the State of California Bargaining Unit 6; and
- Employees of the CCPOA or CCPOA Benefit Trust Fund.

If you are covered by the Western Dental Plan, please note that the following is intended to replace the provisions in Section XVI of the Western Dental Summary Program Description in their entirety. All other provisions of the Western Dental Summary Program Description remain the same and apply except to the extent that they conflict with the information provided in this document or the documents governing the CCPOA BTF Medical Plan.

**XVI. YOUR RIGHTS**

**1) Name of Program**

The program is known as the Western Dental Program. The Program is a component of the CCPOA Benefit Trust Fund Medical Plan.

## **Summary Material Modification**

### **2) Name, Address, and Telephone Number of Plan Sponsor:**

#### **The Plan Sponsor is:**

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

### **3) Name, Address, and Telephone Number of Plan Administrator:**

The Plan is administered by a Board of Trustees, the name, address, and telephone number of which is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

The Plan Administrator has the discretionary authority to interpret the terms of the Program, and determine eligibility for benefits. The Plan Administrator may delegate the authority to one or several plan administrators, which may be insurance companies or other appropriate fiduciaries named in this document. The Plan Administrator has delegated its discretionary authority to Western Dental with respect to the interpretation of Program terms regarding these benefits and the denial, granting, and administration of claims and appeals for these benefits. The Plan Administrator is neither the fiduciary for nor the claims administrator of these benefits. With regard to these benefits, Western Dental has the exclusive responsibility for full and final determination as to eligibility and plan interpretation. As to benefit determinations, the decision of Western Dental is final. The procedures governing claims and appeals of claim denials under this Program are described in Section XIV of the Program document and Summary Plan Description.

### **4) Identification Number:**

The Employer Identification Number ("EIN") assigned to the Trust by the Internal Revenue Service is: 94-6459649.

**5) Type of Program:**

The Program can be described as an insured welfare benefit plan providing dental benefits. The benefits are insured by Western Dental Services, Inc. P.O. Box 14227 Orange, California 92683. 1-800-417-4444 or 1-800-992-3366 (Member Services).

**6) Type of Administration:**

The Program is administered by the Board of Trustees of the CCPOA Benefit Trust Fund. The Board of Trustees has delegated discretionary authority over administration of the Program to Western Dental as described above.

**7) Name and Address for Agent for Service of Process:**

The agent for purposes of accepting service of legal process on behalf of the Program is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

**8) Governing Law:**

The Program and Plan are governed by applicable state law.

**9) Description of the Program:**

The Program is a prepaid dental program established pursuant to a collective bargaining agreement and Trust agreement.

**10) Participation, Eligibility and Benefits:**

Participation in the Program is generally open to all CCPOA members, who are employed as full-time, permanent employees and Permanent Intermittent Employees of the State of California Bargaining Unit 6 and their Eligible Dependents. Such Eligible Dependents include lawful spouses and domestic partners as that term is described in Section IV of the Program document and certain children under twenty-six (26) years of age as described in Section IV of the Program document, as amended.

## **Summary Material Modification**

### **11) Circumstances Which May Result in Ineligibility or Denial of Benefits:**

Circumstances which may result in disqualification, ineligibility, denial or the loss of benefits include:

- a. Failure to pay your premium (if any);
- b. Voluntary withdrawal;
- c. Loss of eligibility; or
- d. Termination of the Program.

The Board of Trustees expressly reserves the right, in its sole discretion, to amend, modify or terminate any type and amount of benefit under this Program at any time (including changing the amount or payment method of Participant contributions of the eligibility rules for participation). No person has a vested right to any benefit under this Program, and there is no guarantee that the Trust, or any program provided by the Trust will last forever. Termination of the Program together with the termination of the insurance policy(s) which funds the Program benefits will have no adverse effect on any benefits to be paid under the policy(s) for any covered dental expense incurred prior to the date that the policy(s) terminate.

### **12) Source of Contributions:**

Contributions to the Program are made by the State of California and eligible employees enrolled in the Program through automatic payroll deductions.

### **13) Entities Used for Accumulation of Assets and Payment of Benefits:**

The contributions are received by the Board of Trustees which pays prepayment fees to Western Dental, on a monthly basis. Benefits are provided by Western Dental on a capitated basis.

### **14) Plan Year:**

The Plan year is April 1 through March 31. The Program and its benefits are administered on a calendar year basis.

Lastly, Ivan Walker is no longer a Trustee on the CCPOA Benefit Trust Fund's Board of Trustees.



If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

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**Note:** The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. Please keep this summary of plan changes with your copy of the Program Document and Summary Program Description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained in official plan documents that legally govern the operation of the Western Dental Program and which control in the event of any omissions or other differences between those documents and this document unless specified otherwise herein.

DOCS-#119182-v1-CCPOA\_BTFF\_-\_Western\_Dental\_SMM\_(2011)

**CCPOA BENEFIT TRUST FUND  
PRIMARY DENTAL PROGRAM**

---

**SUMMARY OF MATERIAL  
MODIFICATION**

The Board of Trustees of the CCPOA Benefit Trust Fund recently made changes to the structure of the benefit programs it sponsors, including the Primary Dental Program. No changes have been made to the benefits provided under the Primary Dental Program, but it is now a component program of the CCPOA BTF Medical Plan effective as of April 1, 2011 and different provisions now apply to the program as set forth below.

Subject to the terms and conditions of the Primary Dental Program, including applicable enrollment and premium payment requirements, the Primary Dental Program is available to:

- Full-time permanent employees and permanent intermittent employees of the State of California Bargaining Unit 6; and
- Employees of the CCPOA or CCPOA Benefit Trust Fund.

If you are covered by the Primary Dental Program, please note that the following is intended to replace the provisions in Section 11 of the Primary Dental Program – Program Document and Summary Program Description in their entirety. All other provisions of the Program Document and Summary Program Description remain the same and apply except to the extent that they conflict with the information provided in this document or the plan document governing the CCPOA BTF Medical Plan.

**SECTION 11. YOUR RIGHTS**

**11.1 Name of Program:**

The program is known as the Primary Dental Program. The Program is a component of the CCPOA Benefit Trust Fund Medical Plan.

**11.2 Sponsoring Organization:**

The Plan Sponsor is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

**11.3 Plan Administrator:**

The Plan is administered by a Board of Trustees, the name, address, and telephone number of which is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

The Board of Trustees is vested with the exclusive authority and discretion to interpret the Program and resolve any ambiguities, and its interpretations are final and binding.

**11.4 Identification Number:**

The Employer Identification Number (“EIN”) assigned to the Trust by the Internal Revenue Service is: 94-6459649.

**11.5 Type of Plan:**

The Plan of which the Program is a part is a welfare benefit plan. The Program is a dental program.

**11.6 Administration:**

The Plan of which the Program is a part is administered by the Board of Trustees in accordance with the provisions of the Trust Fund Agreement. The Board of Trustees has appointed an administrator (the “Trust Fund’s Administrator”) to perform the functions necessary to carry out the orders and policies of the Board of Trustees with respect to the day-to-day administration of the Trust Fund with respect to the Program, including making initial claim determinations. All administrative inquiries, claims, appeals, and related information, and general information should be directed to the Trust Fund Office, care of the Trust Fund’s Administrator:

## **Summary Material Modification**

Trust's Fund Administrator  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

### **11.7 Name and Address for Agent for Service of Process:**

The agent for purposes of accepting service of legal process on behalf of the Program is:

Board of Trustees  
CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, California 95833  
916-779-6300 or 800-468-6486

### **11.8 Governing Law:**

The Program and Plan are governed by applicable law.

### **11.9 Plan Year:**

The Plan year is April 1 through March 31. The Program and its benefits, however, are administered on a calendar year basis.

### **11.10 Contributions:**

The contributions necessary to finance the Program are made by the State of California and by Participants in the Program. Contributions are actuarially calculated, and changed, as necessary by the Trustees at any time in their sole discretion, to cover expected benefit payments and for defraying administrative expenses.

### **11.11 Funding:**

Contributions are received and held by the Board of Trustees of the California Correctional Peace Officers Association Benefit Trust Fund ("CCPOA Benefit Trust Fund"). The Board of Trustees pays the benefits and administrative expenses of the Plan (of which the Program is a part) directly from the CCPOA Benefit Trust fund. The Program's benefits are self-funded and are not provided pursuant to any insurance policy or contract. The Trust Fund is financially responsible for all benefits under the Program. The benefits under the Program are administered in accordance with the provisions of the CCPOA Benefit Trust Fund Agreement and Declaration of Trust Fund, the Plan document and

the Program document. No person has a vested right to any benefit under the Plan, including the Program. The Plan (including the Program) exists only as long as sufficient funds exist to enable the Trustees to pay Plan benefits and expenses.

**11.12 Amendment and Termination of Program:**

The Board of Trustees has the discretion to terminate or change the amount, form, manner, or duration of any benefit. The Trustees have the right to amend, discontinue or terminate the Trust Fund and/or Program in whole or in part at any time. There is no guarantee that the Program will be permanent. In the event of termination or partial termination of the Program, the assets then remaining, after providing for the expenses of the Program and the payment of any benefits previously approved, could be distributed among the Participants or transferred to a plan providing similar benefits.

**11.13 Limitation Upon Reliance on Booklet and Statements:**

You are not entitled to rely on any oral statements made by the Trust Fund Office's personnel, any individual Trustee, any Association official or any employer. If you wish an official interpretation of the Program, please communicate your questions to the Trust Fund in writing.

11.14 Number and Gender of Words: Whenever appropriate, words used herein in the singular may include the plural, the plural may be read as the singular, and the masculine may include the feminine.

Lastly, Ivan Walker is no longer a Trustee on the CCPOA Benefit Trust Fund's Board of Trustees.

If you have any questions regarding this notice, please contact the CCPOA Benefit Trust Fund at 916-779-6300 or 800-468-6486.

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**Note:** The Board of Trustees reserves the right to modify, terminate or amend any benefit program and/or the Plan in its sole discretion in whole or in part, at any time and for any reason. Please keep this summary

## **Summary Material Modification**

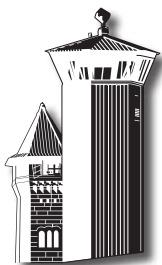
of plan changes with your copy of the Program Document and Summary Program Description. This document does not attempt to cover all benefit details or plan limitations and exclusions. These are contained in official plan documents that govern the operation of the Primary Dental Program and which control in the event of any omissions or other differences between those documents and this document or the documents governing the CCPOA BTF Medical Plan unless specified otherwise herein.

DOCS-#119178-v1-CCPOA\_BTF\_-\_Primary\_Dental\_SMM\_(2011)



**We've Got You Covered.  
1-800-In-Unit-6**

**1-800-468-6486**



**CCPOA  
Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-4235

**[www.ccpoabtf.org](http://www.ccpoabtf.org)**