

REWARD YOURSELF

**Do it for them: Get Gold Shield at 50% off your first year.
Do it for yourself: Get this great Travel Bath tote FREE**



Offer good while supplies last. Contents not included.

1. Fill out the application.
2. Stuff this whole page in the provided envelope.
3. Know you just did good.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

*** Sign-up within 90 days of graduation, and your first year is 50% off the regular price!
Full coverage is \$32.50/month for all new Graduating Cadets.**

After twelve months the member will be moved to the Gold Shield plan at \$65.00 per month.

Questions? Call the Trust or go online: ccpoabtf.org

Application CCPOA Disability Benefit Plan			Graduating Cadet																																																	
Full Name (print):		Birthdate:		SSN (Last 4):																																																
Address:		City:		State:																																																
Phone:		E-mail:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																																																
Height:		Weight:		ZIP:																																																
<input checked="" type="checkbox"/> Plan Selection (Check One) <input type="checkbox"/> GOLD SHIELD New Graduates— \$32.50/month Please explain all of the "YES" answers checked, except "K" (including dates) <small>If necessary, use additional paper. The falsity or lack of completeness of any statement made on this application shall be sufficient reason for the denial, suspension or termination of benefits under this program.</small> <small>Effective June 1, 2014 any graduating cadet who enrolls in the Disability Benefit Plan within 90 days after graduation will have the opportunity to enroll for 12 months at ½ price or \$32.50 per month. After twelve months the member will be moved to the Gold Shield plan at \$65.00 per month.</small>		IN THE PAST 5 YEARS has there existed, or have you been treated for or told by a physician or practitioner that you have conditions implicating any of the following: <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. The brain or nervous system including epilepsy, dizziness, stroke, mental or nervous disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>F. The endocrine system including diabetes, thyroid or adrenal disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. The respiratory system including tuberculosis, asthma, emphysema or shortness of breath?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>G. Cancer, tumor, arthritis, gout or disorder of joints, muscles or bones?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. The heart, blood or blood vessels including heart attack, heart murmur, anemia, high blood pressure, chest pains, rheumatic fever, or hepatitis?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. The gastrointestinal tract, liver, gall bladder, stomach, including ulcer or hernia?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I. Any physical defect or deformity including impaired vision, speech or hearing?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids, albumin, blood or sugar in the urine?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>J. Any injury, disease, condition, or abnormality not mentioned above, including, for example, bone injuries?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">K. Are you actively working within the duties of your occupation?</td> </tr> <tr> <td colspan="4"></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				YES	NO		YES	NO	A. The brain or nervous system including epilepsy, dizziness, stroke, mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>	F. The endocrine system including diabetes, thyroid or adrenal disorder?	<input type="checkbox"/>	<input type="checkbox"/>	B. The respiratory system including tuberculosis, asthma, emphysema or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	G. Cancer, tumor, arthritis, gout or disorder of joints, muscles or bones?	<input type="checkbox"/>	<input type="checkbox"/>	C. The heart, blood or blood vessels including heart attack, heart murmur, anemia, high blood pressure, chest pains, rheumatic fever, or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>	D. The gastrointestinal tract, liver, gall bladder, stomach, including ulcer or hernia?	<input type="checkbox"/>	<input type="checkbox"/>	I. Any physical defect or deformity including impaired vision, speech or hearing?	<input type="checkbox"/>	<input type="checkbox"/>	E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids, albumin, blood or sugar in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	J. Any injury, disease, condition, or abnormality not mentioned above, including, for example, bone injuries?	<input type="checkbox"/>	<input type="checkbox"/>					K. Are you actively working within the duties of your occupation?						<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO		YES	NO																																															
A. The brain or nervous system including epilepsy, dizziness, stroke, mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>	F. The endocrine system including diabetes, thyroid or adrenal disorder?	<input type="checkbox"/>	<input type="checkbox"/>																																															
B. The respiratory system including tuberculosis, asthma, emphysema or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	G. Cancer, tumor, arthritis, gout or disorder of joints, muscles or bones?	<input type="checkbox"/>	<input type="checkbox"/>																																															
C. The heart, blood or blood vessels including heart attack, heart murmur, anemia, high blood pressure, chest pains, rheumatic fever, or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>																																															
D. The gastrointestinal tract, liver, gall bladder, stomach, including ulcer or hernia?	<input type="checkbox"/>	<input type="checkbox"/>	I. Any physical defect or deformity including impaired vision, speech or hearing?	<input type="checkbox"/>	<input type="checkbox"/>																																															
E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids, albumin, blood or sugar in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	J. Any injury, disease, condition, or abnormality not mentioned above, including, for example, bone injuries?	<input type="checkbox"/>	<input type="checkbox"/>																																															
				K. Are you actively working within the duties of your occupation?																																																
				<input type="checkbox"/>	<input type="checkbox"/>																																															
<small>*I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until canceled by me or by CCPOA Benefit Trust Fund. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.*</small>																																																				
Signature of Applicant: X			GRADUATE Date of Graduation: _____ Date of Application: _____																																																	

▲ **Gold Shield Application** ▲

Three things a new CO needs:

Guts
Brains
Gold Shield

We can help you with the third one.

Disability coverage is the single most important plan you should have.



Get **GOLD SHIELD** now at **Half Price** for New COs.*

*** Sign-up within 90 days of graduation, and your first year is 50% off the regular price!**

Full coverage is \$32.50/month for all new Graduating Cadets.

After twelve months the member will be moved to the Gold Shield plan at \$65.00 per month.

The price of a dinner and a movie. *(Maybe less if you had a steak!)*

We know that great benefits are one of the things that attract people to this line of work.
Take advantage of them today.

YOU CAN'T SIGN UP AFTER YOU'RE HURT.

Every week we hear from CCPOA members who have been disabled, but never signed up for disability coverage through the Trust. Your chance of having a disability during your working years is a real threat to your financial future.

Take care of yourself by putting a disability plan in place. For most CCPOA members, that means long term protection - the Gold Shield Disability Benefit Plan.

Having disability coverage makes sense if you're a CCPOA member. It gives you a way to take care of yourself while disabled without wondering if you can put food on the table.

On-the-Job. Off-the-Job. 24/7/365

If you wonder if you can afford it, ask yourself if you can afford to be *without* it.

Helps while your Workers' Comp benefits are pending

Gold Shield participants are provided with provisional benefit, above the basic minimum monthly benefit, while your Workers' Comp case is pending. If you win your case, you will receive a back-pay award from the Workers' Compensation Appeals Board. You use this money to repay the provisional benefit, still keeping each month's minimum benefit. If you lose your case, and you are otherwise eligible for benefits, you keep every dime.

No Age-Related Premiums

Age is not an issue. Whether you are 21 or 65 your payment is the same.