

NEW OFFICER BASICS

Everybody knows that good benefits are a big part of becoming a CO. Everybody also knows that insurance can be confusing.

What to get? How much is it?
What do I need to do?

These questions are common, and you have a great resource to help you through it all...
The CCPOA Benefit Trust Fund.

This guide gives you what you need to know. The most requested coverage by new hires. What it costs to sign up. Who to call.

**NOW - Gold Shield Special
Pricing for New Officers!**

See Inside...

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

or

1-916-779-6300



www.ccpoabtf.org

STEP 1

Join the CCPOA. Many of the insurance benefits offered through the Trust are available **ONLY** to CCPOA members.

The application is on our web page.
Click *Forms*

STEP 2

**Fill out your
FREE \$5,000
insurance
application.**

Active BU6 members are offered an Accidental Death insurance program.

Premium free. No hidden fees. No catch.

The benefit amount is Five Thousand Dollars (\$5,000) for Accidental Death. The program provides coverage *in addition* to other insurance benefits which may be payable upon your Accidental Death.

The only action you need to take is to complete the application, naming your beneficiary, and send it in.

The application is in the back of your *Welcome Cadet* guide.

(You normally do this at the beginning of training.)



STEP 3

Sign up for Gold Shield.

Sign-up within 90 days of graduation, and your first 12 months is 50% off the regular price!

Full coverage is \$32.50/month for all new graduating cadets.

Full details on our website:
www.ccpoabtf.org
Programs > Disability Benefit Plan

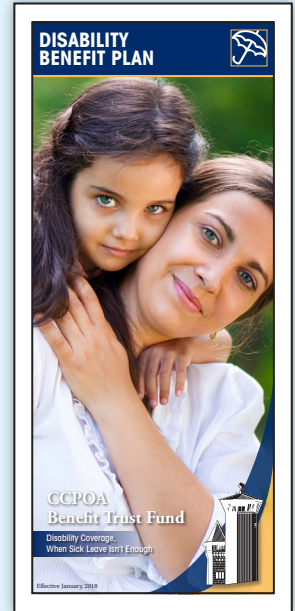
Disability Coverage

Your job has risks. So does your free-time. Gold Shield covers you on-and-off the job. 24/7/365.

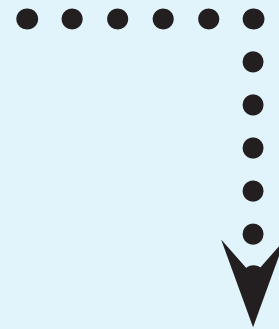
*Studies show that if you are 25 years old, you have an 80% chance of experiencing a disability before age 65 that will keep you out of work for 90 days or more.**

*<http://www.nytimes.com/2010/02/06/your-money/life-and-disability-insurance/06money.html>

**Disabilities happen.
 Bankruptcy doesn't have to.**



Fill out the Gold Shield application here



FILL OUT, DETACH AND RETURN TO THE TRUST

Application CCPOA Disability Benefit Plan			Graduating Cadet																																											
Full Name (print):	Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																																											
Address:	City:	State:	ZIP:																																											
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Height:	Weight:	<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="3"></td> <td colspan="3">K. Are you actively working within the duties of your occupation?</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?		
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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) 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. 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.		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.																																												
Signature of Applicant: X		Date of Graduation:		Date of Application:																																										

GRADUATE

STEP 4

Get \$125,000 Guarantee Issue Group Term Life Insurance.

A cost smart way to get covered. You, your spouse and kids. Plans start at less than \$10/month for the whole family.

Pricing varies by your age and coverage amount.

More information is on our website: www.ccpoabtf.org
Programs > Supplemental Term Life

Life Insurance

Everybody needs it.

As a new hire you should sign up for **Guarantee Issue** from the Trust. You can't be denied.

Available in the first 6 months of your start date.

Group Supplemental Term Life Insurance Coverage
Offered through the CCPOA Benefit Trust Fund

GUARANTEE ISSUE PLAN
EXCLUSIVE OFFER FOR NEWLY HIRED CCPOA MEMBERS

Developed for you, because you care about them. You're beginning your tour of duty on the Toughest Beat in the State. The CCPOA Benefit Trust Fund wants you to know about a voluntary life insurance program developed for new CCPOA members and their families. Because if you have people who depend on you and your income, you should consider having life insurance.

Our Guaranteed Issue Life Insurance Program is simple. You can apply for the Guarantee Issue Life Insurance coverage in the first six months of hire. You are eligible for \$125,000 in coverage. Have a spouse? You can cover your spouse for \$12,500. Kids? Coverage is available for them as well. The best part? When you are ready, you can increase your coverage amount by applying for additional Group Supplemental Term Life Insurance through the CCPOA Benefit Trust Fund, up to \$500,000* for your coverage at affordable rates.

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50

SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38

Dependent CHILDREN - MONTHLY PREMIUMS - Group Supplemental Term Life Insurance

\$7,500 \$1.40 / per family Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]

For more information contact us:
CCPOA Benefit Trust Fund
 2015 Yosemite Circle Drive, Suite 200
 Sacramento, CA 95833
 1-800-DS-CNTA

..... **Check your G.I. rates here.**
Fill out the application
on the next page.

▼ Current Guarantee Issue Coverage Rates ▼

Our **Guaranteed Issue Life Insurance Program** is simple. You can apply for the Guarantee Issue Life Insurance coverage in the first six months of hire. You are eligible for \$125,000 in coverage. Have a spouse? You can cover your spouse for \$12,500. Kids? Coverage is available for them as well. The best part? When you are ready, you can increase your coverage amount by applying for additional Group Supplemental Term Life Insurance through the CCPOA Benefit Trust Fund, up to \$500,000* for your coverage at affordable rates.

GROUP MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$125,000	6.25	7.50	8.75	11.25	17.50	27.50

SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
\$12,500	0.50	0.59	0.75	1.13	1.75	2.38

Dependent CHILDREN - MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
\$7,500	\$1.40 / per family	Benefit Amount per child age 6 months – 21, or 23 if full time student. [\$750 for children from 15 days old to 6 months.]				

Rates and/or benefits may be changed on a class basis. See notice on inside pages of brochure.*
EXCLUSION Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide, New York Life will only pay an amount equal to the premium paid for coverage until the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period.
 *The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA Benefit Trust Fund may not exceed \$500,000 for active members, \$250,000 for their spouses.

Here is your Guarantee Issue application

WHO'S ELIGIBLE?

You may apply for the CCPOA Group Guaranteed Term Life Insurance program if you are an active CCPOA member, in the first six months of employment in Bargaining Unit 6 and actively-at-work at least 30 hours per week. Members (and their spouse) must be age 55 or under. You can apply for coverage for your spouse and your dependent children (under age 21, age 23 if full time dependent student).

If you and your spouse are both active members of CCPOA in the first six months of hire, each of you may apply in your own right as a member, not solely as a spouse. If you do so, however, coverage may not be duplicated by applying as dependent spouses of each other and only one of you may request coverage for eligible children.

CAN I GET COVERAGE OVER AGE 55?

Not from the Guarantee Issue Plan. Members (and their spouse) must be age 55 or under. Coverage up to age 75 is available through the Supplemental Term Life program for Active Members. Contact the Trust for information on this program.

WHEN IS COVERAGE EFFECTIVE?

Your coverage will be effective the first (1st) day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that you are actively at work and a CCPOA member on that date.

If you choose to cover your dependents, their insurance will begin on the date you become covered, or the first month following approval of your application to cover a dependent, whichever date is later, subject to deduction of the required premium.

Deferred Effective Date: If you are not Actively-at-Work on the date you are to be covered under the Policy, you (and your spouse/dependents) will not be covered until the date you return to work as a correctional peace officer in the State of California.

CAN I INCREASE COVERAGE LATER?

Yes! Contact the Trust, and ask for the full Group Supplemental Term Life application. You have coverage options that goes up to \$500,000, and \$50,000 for your spouse, with full medical underwriting.

COVERAGE

Benefits are paid for a death occurring at any time, any place,* from any cause, except suicide in the first two years of coverage.

*Subject to U.S. Government regulations on restricted countries.

WHEN DOES COVERAGE END?

Your coverage under this plan will terminate on:

- The date the policy is cancelled; *or*
- The Premium Due Date on or nearest the date you cease to be a dues paying member of the CCPOA; *or*
- The Premium payment is not made on the Due Date.

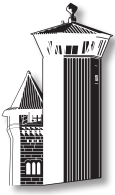
Your dependents' coverage remains in force as long as your coverage remains in effect, premiums are paid when due, and they remain eligible dependents. An eligible spouse cannot be legally separated or divorced from the insured person.

Notice: The premiums shown reflect the current rates and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

This brochure is intended to describe only principle features of the Group Supplemental Term Life Insurance Plan offered through the CCPOA Benefit Trust Fund and is not a contract. A complete description including features, limitations, exclusions, rates and conditions is contained in the Certificate of Insurance issued to each plan participant. If there is a conflict between any of the described benefits, the Summary Program Description/Plan documents or certificates control and will apply. This plan is underwritten by New York Life Insurance Company under Group Policy G-29307-0/FACE on Policy Form GMR – ER et.al.

New York Life NAIC number 66915

Date: August 2015 Printed: September 2015



CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

GROUP SUPPLEMENTAL TERM LIFE INSURANCE

Guarantee Issue Plan CCPOA Active Members

Please complete and return this form to the Benefit Trust Fund

Request for Group Insurance from:
New York Life Insurance Company
51 Madison Avenue, New York, NY, 10010



Please Print Use Dark Ink Do Not Erase Initial All Changes.

Policyholder and Participating Organizations: CCPOA Benefit Trust Fund		Policy No. G29307	Office Use:	
CCPOA Members Name (First, Middle Initial, Last)		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:		Phone No.:	SSN (Last 4):	
City:	email	State:	Zip:	

Proposed Insured's Occupation and Facility:

Beneficiary – Print full name & relationship to you

Name (Primary):	Relationship:		
Beneficiary Address:		Beneficiary SSN (Last 4):	
Name (Contingent):	Relationship:		
Beneficiary Address:		Beneficiary SSN (Last 4):	

Guarantee Issue Supplemental Term Life – Indicate N/A if Dependent Coverage is not desired

Member Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Benefit Amount	Monthly Premium
			\$125,000	
Spouse Name	<input type="checkbox"/> Male <input type="checkbox"/> Female		\$12,500	
Children	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	\$1.40 per family/ per month
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	
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	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> 15 days - 6 months of age \$750 <input type="checkbox"/> 6 months or older \$7,500	

Hire Date	Total Premium
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Please check "Yes" or "No"

By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance?

Member: YES NO

Spouse: YES NO

Do you have other life insurance in force?

If "Yes" total amount in all companies:

Member: \$ _____ Spouse: \$ _____

Do you have other insurance applications pending?

If "Yes" indicate amount and company.

Member: \$ _____ Spouse: \$ _____

Company: _____ Company: _____

FRAUD NOTICE – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

I have read and understand the conditions and exclusions of this group term life insurance plan. I understand that my coverage will be effective the first day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that I am actively at work and a CCPOA member on that date. I also understand that the coverage afforded will be guaranteed issue to me based on the statements I have set forth.

NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. When naming your beneficiary(ies) please include their full name, address, relationship to you, and if a minor, the age of that minor. If the beneficiary is not related to you either by blood or marriage, insert the words "Not Related." The beneficiary box is on the front of this form. If you need assistance, contact the Trust at 1-800-In-Unit-6.

Following are examples of the most common designations:

- Mary J. Doe, Wife. (not Mrs. John Doe)
- Mary J. Doe, Wife, if living, otherwise to Joe W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joe W. Doe, Son, in equal shares, or to the survivor.
- Estate of the Insured.
- If you name more than one beneficiary with unequal share, please show the amount of insurance to be paid to each beneficiary in fractional parts. For example: "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife".

By signing and dating this application, I and my spouse/domestic partner (if proposed for insurance), request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.

Member Signature	Date
Spouse Signature (if enrolling)	Date

The CCPOA Benefit Trust Fund. Your source for benefits.

Please send me the information on the following benefits

Automatic Benefits

- Basic Life Insurance
- \$5,000 Accidental Death Basic
- Legal Defense Fund
- Legal Program

Trust Benefits

- Group Accidental Death & Dismemberment
- Disability Benefit Program
- CCPOA Medical EOC
- Piggyback
- Group Supplemental Term Life
- VSP Vision Plan
- Primary Dental
- Western Dental

More information is available from our website: www.ccpoabff.org

Please fill out and return this form to receive information in the mail.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

Name:		SSN: (Last 4 digits)
Address:		
City:	State:	ZIP:



Return your completed applications to the Trust

CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

THE PROGRAMS YOU CAN'T AFFORD NOT TO HAVE

The 4 New-Cadet Basics.
Applications and Information inside.

**Join the
CCPOA**

**Free
\$5,000
Accidental
Death
Coverage**

**Gold Shield
Disability
Plan at
50%
discount**

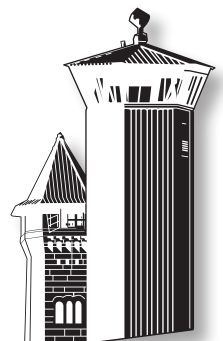
**Guarantee
Issue
Group
Term Life
Insurance**

SPECIAL NOTICE FOR NEW CADETS

CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235 | 1-800-468-6486 | www.ccpoabtf.org

**CCPOA
Benefit Information
Enclosed**

We've Got You Covered.



NYLBates# -1661314