

# Piggyback Application Form

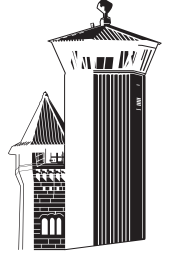
1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. Mail your application to:

## CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

[www.ccpoabtff.org](http://www.ccpoabtff.org)



Fold down and seal to return mail

Application <b>CCPOA Piggyback Program</b>						Active	
<b>CCPOA Benefit Trust Fund 1-800-468-6486</b>							
Full Name (Print):		Birthdate:		SSN (Last 4):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:		List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)			
State:	ZIP:	Phone:		First	Middle	Last	
E-mail:				Date Of Birth	Family Relationship		
<input checked="" type="checkbox"/> <b>Plan Selection</b> at current monthly rate (Check One) <input type="checkbox"/> <b>Active Member Only</b> \$14.00 <input type="checkbox"/> <b>Active Member and one or more dependents</b> \$26.00							
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 cancelled by me or by CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.							
<b>Signature of Applicant:</b> <b>X</b>				ACTIVE			<b>Date of Application:</b>

Fold up and seal to return mail

## We've Got You Covered.

### 1-800-In-Unit-6

1-800-468-6486