

# Piggyback Application Form

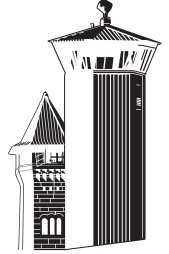
1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. Mail your application to:

## CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

[www.ccpoabtf.org](http://www.ccpoabtf.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:	
E-mail:					
<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					
<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 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.</small>					
<b>Signature of Applicant:</b> <b>X</b>				<b>Date of Application:</b>	

**ACTIVE**

Fold up and seal to return mail

**We've Got You Covered.**

**1-800-In-Unit-6**

**1-800-468-6486**

# NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S



CCPOA Benefit Trust Fund  
2515 Venture Oaks Way, Suite 200  
Sacramento, CA 95833-9978

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 149 SACRAMENTO, CA



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

