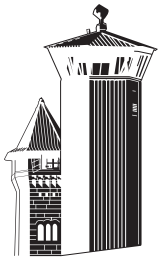
PB Piggyback Retired Application Form

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

Fold down and seal to return mail

Application **CCPOA Piggyback Program** Retired

CCPOA Benefit Trust Fund 1-800-468-6486

Full Name (print):	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female

Address:	City:	
State:	ZIP:	Phone:
E-mail:		

Plan Selection at current monthly rate (Check One))
☐ **Retired Member Only** $16.00
☐ **Retired Member and one or more dependents** $32.00

I hereby authorize the CalPERS 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.

List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)

First	Middle	Last	Date Of Birth			Family Relationship

Signature of Applicant:
X

RETIRED

Date of Application:

Fold up and seal to return mail

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486