

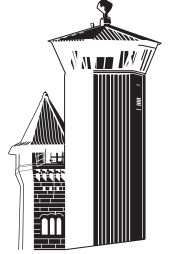
# VSP Retired Application Form

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](http://www.ccpoabtf.org)



*Fold down and seal to return mail*

Application <b>CCPOA Vision Program</b>						Retired		
<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	Date Of Birth	Family Relationship
<p><b>■ Plan Selection</b> at current monthly rate (Check One)</p> <p><b>STANDARD PLAN</b></p> <p><input type="checkbox"/> <b>Member Only</b> \$9.20</p> <p><input type="checkbox"/> <b>Member + 1 Dependent</b> \$13.19</p> <p><input type="checkbox"/> <b>Member + Family</b> \$23.54</p> <p><b>EXAM-PLUS PLAN</b></p> <p><input type="checkbox"/> <b>Member Only</b> \$1.98</p> <p><input type="checkbox"/> <b>Member Plus One Dependent</b> \$2.72</p> <p><input type="checkbox"/> <b>Member Plus Family</b> \$4.65</p> <p><small>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.</small></p>								
Signature of Applicant: <b>X</b>				<b>RETIRED</b>		Date of Application:		

*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

