

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. How 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

1-888-779-6309



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 *Rank and File* or *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.



THE PROGRAMS YOU CAN'T AFFORD NOT TO HAVE

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. Disabilities happen. Bankruptcy doesn't have to.



STEP 3

Sign up for Gold Shield.

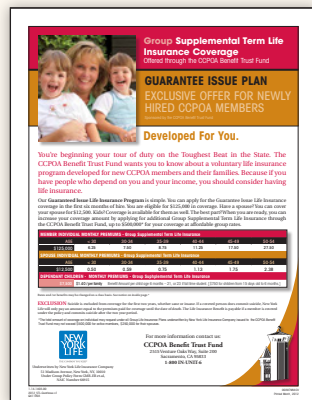
Sign-up within 90 days of graduation, and your first year is 50% off the regular price! Full coverage is \$32.50/month for all new graduating cadets.

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

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.



STEP 4

Get \$125,000 Guarantee Issue.

A cost smart way to get covered. You, your spouse and kids.

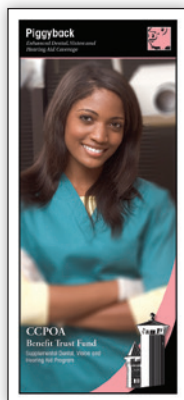
Plans start at less than \$10/month for the whole family.

Pricing varies by your age and coverage amount.

The application and more information is on our website: www.ccpoabtf.org
Programs > Supplemental Term Life

PIGGYBACK.

Piggyback helps to offset the out-of-pocket expenses incurred from the usage of your Dental, Vision and Hearing Aid programs.



STEP 5

Sign up for Piggyback.

Ask anybody you work with, chances are they have Piggyback. Make your out-of-pocket much less.

\$11.15 per month (Member Only)
\$21.70 per month (Family)

Full details on our website: www.ccpoabtf.org
Click *Programs* > *Piggyback*

Every new Cadet who enrolls in **Gold Shield** within 90 days of graduation gets **50% off** the regular price for a full year!



The Best \$32.50 You Can Spend
Call Today 1-800-In-Unit-6

Application CCPOA Disability Benefit Plan

Graduating Cadet

Full Name (print):		Birthdate:		SSN:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:		State:		ZIP:	
Phone:		IN THE PAST 5 YEARS has there existed, or have you been treated for or told by a physician or practitioner that you have conditions implicating any of the following:					
E-mail:							
Height:		Weight:		YES NO		YES NO	
<input checked="" type="checkbox"/> 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.				A. The brain or nervous system including epilepsy, dizziness, stroke, mental or nervous disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO		F. The endocrine system including diabetes, thyroid or adrenal disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				B. The respiratory system including tuberculosis, asthma, emphysema or shortness of breath? <input type="checkbox"/> YES <input type="checkbox"/> NO		G. Cancer, tumor, arthritis, gout or disorder of joints, muscles or bones? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				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"/> YES <input type="checkbox"/> NO		H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				D. The gastrointestinal tract, liver, gall bladder, stomach, including ulcer or hernia? <input type="checkbox"/> YES <input type="checkbox"/> NO		I. Any physical defect or deformity including impaired vision, speech or hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids, albumin, blood or sugar in the urine? <input type="checkbox"/> YES <input type="checkbox"/> NO		J. Any injury, disease, condition, or abnormality not mentioned above, including, for example, bone injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				K. Are you actively working within the duties of your occupation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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.						GRADUATE	
IMPORTANT NOTE: All participants in the Disability Benefit Plan need to complete a Survivor Benefit Beneficiary Designation Form for this program. This form is available at www.ccpoabf.org or the Trust office. AUTHORIZATION: I understand that I will be required to sign a release of medical information provided to me by the Trust Office to determine eligibility for participation in and/or benefits under the Disability Benefit Plan. If my application for participation in the Disability Benefit Program is approved my signature serves as my express written authorization of payroll deductions for the coverage I have elected of the rate in force until I notify the Trust in writing to discontinue deductions, or otherwise cease to be eligible to participate.						Date of Graduation:	
Signature of Applicant: X						Date of Application:	

▲ Gold Shield Application ▲

▼ 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 group rates.

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
DEPENDANT 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.

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

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

More information is available from our website: www.ccpoabtf.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:



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**

