



Demographics Change Form

Benefit Trust Fund Member

TO CHANGE YOUR MEMBER INFORMATION ON FILE WITH THE BENEFIT TRUST FUND,
PLEASE PRINT OUT AND RETURN THIS COMPLETED FORM.

CCPOA MEMBER INFORMATION

| | | |
|---|--------------------------------------|---------|
| 👤 Name: Last, First | | |
| 📅 Birthday: | | ♂️ Sex: |
| Last 4 digits of SSN: | 🏢 Institution and/or Office/Chapter: | |
| 🏠 Address: | | |
| | | |
| 🏙 City: | 🗺 State: | 📮 ZIP: |
| 📞 Home Telephone: | 📱 Cell Telephone: | |
| ✉ Email: | | |
| ✍ Member Signature: | | 📅 Date: |
| <p>Mail the completed form to: Benefit Trust Fund 2515 Venture Oaks Way, Suite 200 Sacramento, CA 95833-4235</p> | | |

DEPENDENT INFORMATION

Dependent information is automatically gathered and updated directly from the information provided when enrolling your dependent for coverage.

Currently, you CANNOT update beneficiary information online.

You must contact the Trust's **ELIGIBILITY** department at **1-916-779-6300** to update your dependent(s) information and the coverage(s) which applies to them.



CCPOA
Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

www.ccpoabtf.org