Critical Illness: Application Form

1. Fill out application.
2. Sign and Date the form.
3. Submit your application to the Trust.

MetLife

CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235 | (916) 779-6300 | **www.ccpoabtf.org**

Request for Group Insurance from:	**Group Critical Illness Insurance**	**Active**

Underwritten by: Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
Offered through CCPOA Benefit Trust Fund (916) 779-6300

Mail completed form to: CCPOA Benefit Trust Fund, 2515 Venture Oaks Way, Suite 200, Sacramento, CA 95833-4235

MEMBER INFORMATION

Full Name (First):	(Middle Initial)	(Last)	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female
Address:			City:	State:	ZIP:
Phone:			Smoker:: ☐ Yes ☐ No	Employee Hire Date:	Occupation or Position:
E-mail:					
Beneficiary:		Relationship:		Beneficiary SSN:	Beneficiary Occupation:
Beneficiary Address: *Applicant will be Spouse's and Dependent's beneficiary*					

DEPENDENT INFORMATION

Note: If you need to ADD ADDITIONAL DEPENDENTS, please attach another sheet of paper

Dependent:	Relationship:	Date of Birth:	Sex: ☐ Male ☐ Female
Dependent:	Relationship:	Date of Birth:	Sex: ☐ Male ☐ Female
Dependent:	Relationship	Date of Birth:	Sex: ☐ Male ☐ Female

Plan Selection (Check One)

☐ **Member Only** ☐ **Member + Spouse** ☐ **Member + Child(ren)** ☐ **Member + Family**

AMOUNT REQUESTED: $_____

MONTHLY PREMIUM: $_____

Is spouse an Active or Retired CCPOA Member? Check box: ☐ **Yes** **or** ☐ **No** Note: If you are covered as a member, you cannot be covered as a dependent of another member.

I hereby enroll in the Accidental Death and Dismemberment Program, underwritten by Metropolitan Life Insurance Company and offered through the CCPOA Benefit Trust Fund. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my first premium payment.

Fraud Notice – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

By signing and dating this application, I request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and that to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.

Signature of Applicant:	**Date of Application:**
X	

NOTE: Coverage in Oregon and Idaho is subject to approval of State filing. For applications for coverage in these states, you will receive communication once this filing is approved and coverage is active.
Critical Illness: Critical Illness coverage is not available in Texas.
Hospital Indemnity: The State of Texas does not currently approve HI plans in the non-employer space.

MetLife

CII-Act_2027

ACTIVE

Critical Illness: Rate Charts

COVERAGE AMOUNT:

Amount of Insurance - Spouse and Children covered only if appropriate Plan is checked on front of application	
Four levels of coverage are available: **Member; Member+ Spouse; Member+Child(ren); Member+Family** Available to Active Members Only	
Rates are based on per $1,000 of coverage. Rates are in $10K increments, up to $50K Max	Member Only: Plans start at $0.46/$1,000 of coverage Family: Plans start at $1.39/$1,000 of coverage

Premiums shown are calculated by multiplying the rate per $1,000 by the selected coverage amount.

CRITICAL ILLNESS - MEMBER ONLY

	Price per $1,000	$10,000	$20,000	$30,000	$40,000	$50,000
<25	$0.46	$4.60	$9.20	$13.80	$18.40	$23.00
25-29	$0.50	$5.00	$10.00	$15.00	$20.00	$25.00
30-34	$0.55	$5.50	$11.00	$16.50	$22.00	$27.50
35-39	$0.69	$6.90	$13.80	$20.70	$27.60	$34.50
40-44	$0.89	$8.90	$17.80	$26.70	$35.60	$44.50
45-49	$1.20	$12.00	$24.00	$36.00	$48.00	$60.00
50-54	$1.72	$17.20	$34.40	$51.60	$68.80	$86.00
55-59	$2.45	$24.50	$49.00	$73.50	$98.00	$122.50
60-64	$3.27	$32.70	$65.40	$98.10	$130.80	$163.50
65-69	$4.12	$41.20	$82.40	$123.60	$164.80	$206.00
70-74	$5.34	$53.40	$106.80	$160.20	$213.60	$267.00
75+	$7.10	$71.00	$142.00	$213.00	$284.00	$355.00

CRITICAL ILLNESS - MEMBER + SPOUSE

	Price per $1,000	$10,000	$20,000	$30,000	$40,000	$50,000
<25	$0.93	$9.30	$18.60	$27.90	$37.20	$46.50
25-29	$1.02	$10.20	$20.40	$30.60	$40.80	$51.00
30-34	$1.12	$11.20	$22.40	$33.60	$44.80	$56.00
35-39	$1.44	$14.40	$28.80	$43.20	$57.60	$72.00
40-44	$1.87	$18.70	$37.40	$56.10	$74.80	$93.50
45-49	$2.46	$24.60	$49.20	$73.80	$98.40	$123.00
50-54	$3.34	$33.40	$66.80	$100.20	$133.60	$167.00
55-59	$4.57	$45.70	$91.40	$137.10	$182.80	$228.50
60-64	$5.93	$59.30	$118.60	$177.90	$237.20	$296.50
65-69	$7.46	$74.60	$149.20	$223.80	$298.40	$373.00
70-74	$9.69	$96.90	$193.80	$290.70	$387.60	$484.50
75+	$13.20	$132.00	$264.00	$396.00	$528.00	$660.00

CRITICAL ILLNESS - MEMBER + CHILD(REN)

	Price per $1,000	$10,000	$20,000	$30,000	$40,000	$50,000
<25	$0.90	$9.00	$18.00	$27.00	$36.00	$45.00
25-29	$0.94	$9.40	$18.80	$28.20	$37.60	$47.00
30-34	$0.99	$9.90	$19.80	$29.70	$39.60	$49.50
35-39	$1.13	$11.30	$22.60	$33.90	$45.20	$56.50
40-44	$1.34	$13.40	$26.80	$40.20	$53.60	$67.00
45-49	$1.64	$16.40	$32.80	$49.20	$65.60	$82.00
50-54	$2.17	$21.70	$43.40	$65.10	$86.80	$108.50
55-59	$2.90	$29.00	$58.00	$87.00	$116.00	$145.00
60-64	$3.72	$37.20	$74.40	$111.60	$148.80	$186.00
65-69	$4.57	$45.70	$91.40	$137.10	$182.80	$228.50
70-74	$5.79	$57.90	$115.80	$173.70	$231.60	$289.50
75+	$7.55	$75.50	$151.00	$226.50	$302.00	$377.50

CRITICAL ILLNESS - MEMBER + SPOUSE & CHILD(REN)

	Price per $1,000	$10,000	$20,000	$30,000	$40,000	$50,000
<25	$1.37	$13.70	$27.40	$41.10	$54.80	$68.50
25-29	$1.46	$14.60	$29.20	$43.80	$58.40	$73.00
30-34	$1.56	$15.60	$31.20	$46.80	$62.40	$78.00
35-39	$1.88	$18.80	$37.60	$56.40	$75.20	$94.00
40-44	$2.32	$23.20	$46.40	$69.60	$92.80	$116.00
45-49	$2.91	$29.10	$58.20	$87.30	$116.40	$145.50
50-54	$3.78	$37.80	$75.60	$113.40	$151.20	$189.00
55-59	$5.02	$50.20	$100.40	$150.60	$200.80	$251.00
60-64	$6.38	$63.80	$127.60	$191.40	$255.20	$319.00
65-69	$7.91	$79.10	$158.20	$237.30	$316.40	$395.50
70-74	$10.14	$101.40	$202.80	$304.20	$405.60	$507.00
75+	$13.64	$136.40	$272.80	$409.20	$545.60	$682.00