D Retired Dental Application Form

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

United Concordia dental®

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

1. COVERAGE INFORMATION

Member's Full Name (First, Middle, Last)	Member's SSN	Member's Birth Date

Member's Mailing Address (Street, City, State, ZIP)

Type of Action:	Gender:	Member's Daytime Phone #
☐ New Enrollment ☐ Change ☐ Cancellation	☐ Male ☐ Female ☐ Nonbinary	

Name of Dental Plan (For Enrollments or Plan Changes)	Prior State Dental Plan (For Plan Changes Only)
CCPOA RETIRED DENTAL PLAN - United Concordia	**IF YOU ARE CURRENTLY RETIRED AND ENROLLED THROUGH CALPERS, YOU MUST CANCEL YOUR CALPERS DENTAL PLAN TO AVOID DOUBLE BILLING**

2. SPOUSE OR DOMESTIC PARTNER

Marital Status	Domestic Partnership (Yes/No)	Spouse's or Domestic Partner's SSN
☐ MARRIED ☐ UNMARRIED	☐ YES ☐ NO	

NOTE: YOU MAY BE REQUIRED TO VERIFY DEPENDENTS THROUGH THE ELECTRONIC ENROLLMENT PROCESS.

3. DEPENDENTS

Name	Birth Date	SSN	Relationship
Name	Birth Date	SSN	Relationship
Name	Birth Date	SSN	Relationship

If more dependents, attach additional pages; only eligible, authorized dependents may use the plan..

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 canceled 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.

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.

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