



# CCPOA Benefit Trust Fund

## MEMBER PORTAL & PROXY CANCELLATION REQUEST FORM FAMILY MEMBER: 18 YEARS AND OLDER

MEMBER INFORMATION				DEPENDENT/PROXY INFORMATION			
Last		First		Middle Initial			
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
Birthdate		Sex		Birthdate		Sex	
CANCELING A DEPENDENT/PROXY							
<p>Canceling Proxy access removes the ability to view the dependent/proxy information using the CCPOA Benefit Trust Fund Member Portal. Proxy information that may not be viewed includes: dental claim history, beneficiary information, disability claim information.</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>You may enable the dependent's/proxy's access at any time by submitting a <b>MEMBER PORTAL &amp; PROXY ACCESS REQUEST AND CONSENT FORM</b></p> </div>							
DEPENDENT/PROXY AUTHORIZATION							
<p>I understand agree that:</p> <ul style="list-style-type: none"> <li>• I am NOT allowing CCPOA Benefit Trust Fund and its affiliates and contractors to disclose my information on the Member Portal.</li> <li>• I am responsible to make sure that the information described above is accurate and complete.</li> <li>• I will comply with the Terms and Conditions of the Member Portal.</li> </ul>							
Print MEMBER Name							
MEMBER Signature						Date	
Print DEPENDENT Name							
DEPENDENT Signature						Date	

- **Fill out application.**
- **Sign and Date the form.**
- **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)