

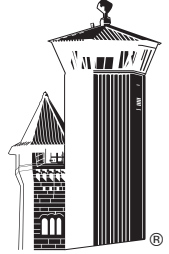


Piggyback Application Form

1. Fill out application.
2. Sign and Date the form.
3. Mail your application to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
 Sacramento, CA 95833-4235
www.ccpoabtf.org



Fold down and seal to return mail

Application CCPOA Piggyback Program						Active	
CCPOA Benefit Trust Fund 1-800-468-6486							
Full Name (Print):			Birthdate:		SSN (Last 4):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)				
City:	State:	ZIP:					
E-mail:			First	Middle	Last	Date of Birth	Family Relationship
Phone:							
<input checked="" type="checkbox"/> Plan Selection at current monthly rate (Check One) <input type="checkbox"/> Active Member Only \$16.00 <input type="checkbox"/> Active Member and one or more dependents \$28.00			ACTIVE				
<small>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 cancelled 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.</small>							
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							

Fold up and seal to return mail

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

We've Got You Covered.

916-779-6300

1-800 In-Unit-6

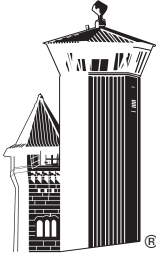


Piggyback Retired Application Form

1. Fill out application.
2. Sign and Date the form.
3. Mail your application to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
 Sacramento, CA 95833-4235
www.ccpoabtf.org



Fold down and seal to return mail

Application CCPOA Piggyback Program					Retired			
CCPOA Benefit Trust Fund 1-800-468-6486								
Full Name (Print):		Birthdate:		SSN (Last 4):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address:			List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)					
City:	State:	ZIP:	First	Middle	Last	Date of Birth	Family Relationship	
E-mail:								
Phone:								
<input checked="" type="checkbox"/> Plan Selection at current monthly rate (Check One) <input type="checkbox"/> Retired Member Only \$18.00 <input type="checkbox"/> Retired Member and one or more dependents \$34.00			RETIRED					
<small>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 cancelled 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.</small>								
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: X					Date of Application:			

Fold up and seal to return mail

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

We've Got You Covered.
916-779-6300
 1-800 In-Unit-6