



VSP Retired Application Form



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



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

Application **CCPOA Vision Program**

Retired

CCPOA Benefit Trust Fund (916) 779-6300

Full Name (Print):

Birthdate:

SSN (Last 4):

Sex: ☐ Male ☐ Female

Address:

City:

State:

ZIP:

E-mail:

Phone:

■ **Plan Selection** at current monthly rate (Check One)

"FULL SERVICE" OUR STANDARD PLAN

OR

"EXAM+" OUR MOST AFFORDABLE

☐ **Member only**\$8.84

☐ **Member only** \$1.91

☐ **Member + 1 Dependent** ...\$12.67

☐ **Member + 1 Dependent** \$2.62

☐ **Member + Family**\$22.61

☐ **Member + Family** \$4.47

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.

List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)

First	Middle	Last	Date of Birth	Family Relationship

Signature of Applicant:

X

RETIRED

Date of Application:

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

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.