



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: <input type="checkbox"/> Male <input type="checkbox"/> Female												
Address:															
City:	State:	ZIP:													
E-mail:															
Phone:															
<p>Plan Selection at current monthly rate (Check One) "FULL SERVICE" OUR STANDARD PLAN OR "EXAM+" OUR MOST AFFORDABLE</p> <table> <tr> <td><input type="checkbox"/> Member only</td> <td>\$8.84</td> <td><input type="checkbox"/> Member only</td> <td>\$1.91</td> </tr> <tr> <td><input type="checkbox"/> Member + 1 Dependent</td> <td>\$12.67</td> <td><input type="checkbox"/> Member + 1 Dependent</td> <td>\$2.62</td> </tr> <tr> <td><input type="checkbox"/> Member + Family</td> <td>\$22.61</td> <td><input type="checkbox"/> Member + Family</td> <td>\$4.47</td> </tr> </table>				<input type="checkbox"/> Member only	\$8.84	<input type="checkbox"/> Member only	\$1.91	<input type="checkbox"/> Member + 1 Dependent	\$12.67	<input type="checkbox"/> Member + 1 Dependent	\$2.62	<input type="checkbox"/> Member + Family	\$22.61	<input type="checkbox"/> Member + Family	\$4.47
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<input type="checkbox"/> Member + Family	\$22.61	<input type="checkbox"/> Member + Family	\$4.47												
<p>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.</p>															
<p>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.</p>															
<p>Signature of Applicant: X</p>		<p>Date of Application:</p> <p style="text-align: center;">RETIRED</p>													

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

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