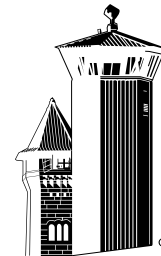


VSP Retired Application Form

1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. 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 Vision 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:						
E-mail:				First	Middle	Last	Date of Birth	Family Relationship
Phone:								
<p>■ Plan Selection at current monthly rate (Check One)</p> <p>STANDARD PLAN <u>OR</u> EXAM-PLUS PLAN</p> <p><input type="checkbox"/> Member Only \$9.20 <input type="checkbox"/> Member Only \$1.98</p> <p><input type="checkbox"/> Member + 1 Dependent \$13.19 <input type="checkbox"/> Member Plus One Dependent \$2.72</p> <p><input type="checkbox"/> Member + Family \$23.54 <input type="checkbox"/> Member Plus Family \$4.65</p> <p><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></p>								
Signature of Applicant: X				RETIRED			Date of Application:	

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We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S

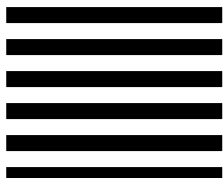


CCPOA Benefit Trust Fund
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