

Why are you waiting to get **Gold Shield**?

It's a real question.

Gold Shield is one of the programs that we strongly suggest every C/O should have.

This is not just an idle sales pitch. In our line of work injury is a real possibility. We're not trying to be negative, but what if something happened at work and you had to go on disability? Have you ever thought about how long you could hold your own financially?

Disabilities Happen. Bankruptcy Doesn't Have To.

Take a look at the chart. Virtually every institution in the state has a CCPOA member receiving assistance through Gold Shield. In fact the Trust paid out over \$5,000,000 dollars in the last twelve months.*

You can take action today that may be the difference between getting through a hard time, and loosing what you have worked so hard to acquire.

How Does Gold Shield Work?

Gold Shield covers long-term illnesses and injuries caused while on-or-off the job. The plan covers disabilities from a wide range of illness, injury and disease, but there are some exclusions and conditions.

- **Off -the-Job:** 67% of base pay up to \$6,000 per month (whichever is lower)
- **On-the-Job:** A minimum benefit of \$300* per month in addition to your Industrial Disability Leave (IDL) or Enhanced Industrial Disability Leave (EIDL) payments from the State.

How Does It Coordinate?

Coordinates with income you are eligible to receive under:

- Non- Industrial Disability Insurance (NDI)
- Catastrophic Time Bank (CTB)
- Enhanced Non-Industrial Disability Insurance (ENDI)
- Temporary Disability
- Permanent Disability
- Sick Leave

and any other individual or group disability benefits (*for example: disability insurance by Standard or AFLAC*) to provide a combined total monthly benefit of up to 67% of your base pay.

It also works hand-in-hand with Combined Insurance.*

We've Lowered the Price

If you haven't checked lately, we've dropped the monthly price on Gold Shield to \$55/month.

If you are a new C/O, you can get your first 12 months of coverage for half price-\$27.50/month. Just enroll within 90 days of graduation.

Learn More. Decide For Yourself.

Visit our website and read more about Gold Shield. You can download the entire Catalog of Benefits, or even the policy documents, so you can make your own informed decision.

When you're ready, we've included the application and an envelope-all ready to go. You don't even need a stamp.

GOLD SHIELD PAYS.

Over \$5,000,000 last 12 months

Look at the chart to see that
Institutions throughout California
have members just like you who have needed GOLD SHIELD.

FACILITY NAME	TOTAL PAID
AVENAL STATE PRISON	\$20,158.02
CA CORR INSTITUTION/TEHACHAPI	\$174,953.97
CA SUBSTANCE ABUSE TREATMENT	\$237,919.73
CA INSTITUTION FOR MEN	\$242,480.90
CA INSTITUTION FOR WOMEN	\$166,736.97
CA MEDICAL FACILITY	\$111,192.14
CA REHABILITATION CENTER	\$102,464.67
CA CITY CORRECTIONAL FACILITY	\$10,353.40
CA CORRECTIONAL CENTER	\$101,535.17
CA HEALTH CARE FACILITY	\$89,755.79
CA MEN'S COLONY	\$207,828.36
CA TRAINING CENTER	\$2,440.55
CALIPATRIA STATE PRISON	\$130,515.97
CCI CUMMINGS VALLEY	\$7,920.65
CDC PAROLES	\$230,788.87
CENTINELA STATE PRISON	\$176,715.07
CENTRAL CAL WOMANS FAC/MADERA	\$87,394.01
CHADERJIAN YOUTH COR FACILITY	\$140,355.13
CHUCKAWALLA VALLEY PRISON	\$139,811.55
CORCORAN STATE PRISON	\$296,186.28
CORRECTIONAL TRAINING FACILITY	\$212,349.47
CYA PAROLES	\$7,297.55
DEUEL VOCATIONAL INSTITUTION	\$147,213.44

FACILITY NAME	TOTAL PAID
FOLSOM STATE PRISON	\$75,487.19
HEMEN G STARK YOUTH COR FAC	\$82,556.91
HIGH DESERT STATE PRISON	\$82,556.91
IRONWOOD STATE PRISON	\$89,767.35
KERN VLY STATE PRISON-DELANO 2	\$217,708.30
LANCASTER STATE PRISON	\$219,842.83
MULE CREEK STATE PRISON	\$41,440.42
N CA YOUTH CORR CENTER	\$933.12
N YOUTH COR RECEPN CNTR/CLINIC	\$36,603.92
NORTH KERN STATE PRISON/DELANO	\$75,496.87
O H CLOSE YOUTH COR FACILITY	\$55,764.40
PELICAN BAY STATE PRISON	\$178,403.71
RJ DONOVAN	\$182,976.87
SACRAMENTO STATE PRISON	\$173,450.22
SALINAS VALLEY STATE PRISON	\$100,413.18
SAN QUENTIN STATE PRISON	\$130,411.79
SIERRA CONSERVATION CENTER	\$171,835.21
SOLANO STATE PRISON	\$230,703.92
VALLEY STATE PRISON	\$19,509.69
VENTURA YOUTH COR FACILITY	\$62,848.24
WASCO STATE PRISON	\$100,280.07

*Total payouts for 12 month period ending May 2019

- Gold Shield provides up to 67%* of your base pay up to **\$6000 per month** (whichever is lower) during the coverage period.
- Vacation and PLP time are *not* affected.
- On-the-Job. Off-the-Job. 24/7/365
- Claims pay for 24-months of coverage
- Gold Shield is \$55 per month.

Helps while your Workers' Comp benefits are pending

Gold Shield provides you with provisional benefits, equal to a percentage of your income, while your case is processing. If you win your case, you'll receive a back-pay award from the Workers' Compensation Appeals Board, which you would use to repay this provisional benefit (less each month's minimum benefit). If you lose your case and you are otherwise eligible for benefits, you keep every dime.

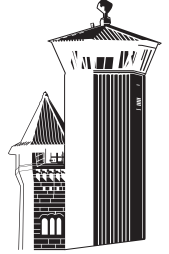
*When combined with other disability income for qualified non-occupational disabilities.

Disability 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 Disability Benefit Plan			Active																																										
Full Name (print):		Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																																									
Address:		City:	State:	ZIP:																																									
Phone:	Graduation Date (New Officer Only):		IN THE PAST 5 YEARS has there existed, or have you been treated for or told by a physician or practitioner that you have conditions implicating any of the following:																																										
E-mail:			<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. The brain, nervous system, epilepsy, Parkinson's disease, stroke, mental or nervous disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>F. The endocrine system including diabetes, thyroid or adrenal disorders?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>B. The respiratory system including tuberculosis, emphysema or COPD?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>G. Cancer, tumor, Hodgkin's disease, leukemia, muscle disorders including Muscular Dystrophy or Multiple Sclerosis?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>C. The heart, heart attack, heart murmur, blood, anemia, high blood pressure, rheumatic fever or vascular disease?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>D. The gastrointestinal tracts, stomach, gall bladder, liver, hepatitis or pancreas disorders?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>I. Bone Disease or bone injuries including fractures?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>J. Any injury, disease, condition or abnormality not mentioned above?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>K. Are you actively working within the duties of your occupation?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO		YES	NO	A. The brain, nervous system, epilepsy, Parkinson's disease, stroke, mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>	F. The endocrine system including diabetes, thyroid or adrenal disorders?	<input type="checkbox"/>	<input type="checkbox"/>	B. The respiratory system including tuberculosis, emphysema or COPD?	<input type="checkbox"/>	<input type="checkbox"/>	G. Cancer, tumor, Hodgkin's disease, leukemia, muscle disorders including Muscular Dystrophy or Multiple Sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>	C. The heart, heart attack, heart murmur, blood, anemia, high blood pressure, rheumatic fever or vascular disease?	<input type="checkbox"/>	<input type="checkbox"/>	H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?	<input type="checkbox"/>	<input type="checkbox"/>	D. The gastrointestinal tracts, stomach, gall bladder, liver, hepatitis or pancreas disorders?	<input type="checkbox"/>	<input type="checkbox"/>	I. Bone Disease or bone injuries including fractures?	<input type="checkbox"/>	<input type="checkbox"/>	E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids?	<input type="checkbox"/>	<input type="checkbox"/>	J. Any injury, disease, condition or abnormality not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	K. Are you actively working within the duties of your occupation?	<input type="checkbox"/>	<input type="checkbox"/>			
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Plan Selection at current monthly rate (Check One) <i>All Rates effective 07/01/2019</i> <input type="checkbox"/> GOLD SHIELD \$55.00/mo <input type="checkbox"/> SILVER SHIELD \$45.00/mo <input type="checkbox"/> New Officer Special Offer \$27.50/mo 1 st year Gold Shield Date of Graduation: (Must be within 90 days to qualify)		Please explain all of the "YES" answers checked, except "K" (including dates) If necessary, use additional paper. The falsity or lack of completeness of any statement made on this application shall be sufficient reason for the denial, suspension or termination of benefits under this program.																																											
<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 canceled by me or by CCPOA Benefit Trust Fund. 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>			ACTIVE																																										
<small>AUTHORIZATION: I understand that I will be required to sign a release of medical information provided to me by the Trust Office to determine eligibility for participation in and/or benefits under the Disability Benefit Plan. If my application for participation in the Disability Benefit Program is approved my signature serves as my express written authorization of payroll deductions for the coverage I have elected at the rate in force until I notify the Trust in writing to discontinue deductions, or otherwise cease to be eligible to participate.</small>			Date of Application:																																										
Signature of Applicant: X																																													

Fold up and seal to return mail

Don't wait any longer. Fill out your **Gold Shield** application today.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

NO TOWERS? NO TRUST



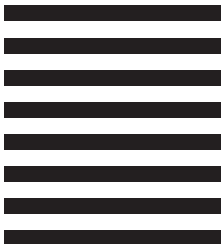
A C C E P T N O S U B S T I T U T E S



CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-9978

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