



Benefit Trust Fund

COVERING THE MEMBERS OF CCPOA

The Benefit Trust Fund is pleased to announce that starting with this year's Open Enrollment we can offer our Retired Members the ability to enroll in our CCPOA Dental Plan, with coverage effective January 1, 2027.

That means you can keep the same plan you had as an active member into retirement.

Because the plan is brand new, and was given approval so close to this year's Open Enrollment date, enrollment is not automatic.

TWO EASY STEPS:

- Fill out the enrollment form and return to the Trust. A pre-paid return envelope was included with your Open Enrollment Catalog
- If you are Retired and are currently enrolled through CalPERS, you must cancel your CalPERS plan to avoid double billing.

The CCPOA Dental plan rates have no State contribution at this time. Please see the application for rates.

As always, if you have any questions, please call us at 916-779-6300.

Thank you for continuing to let us serve you now and in the future.

Sincerely,

Daniel Beaman, Administrator
CCPOA Benefit Trust Fund

Retired Dental Application Form



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

United **Concordia**
dental®

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

1. COVERAGE INFORMATION

Member's Full Name (First, Middle, Last)	Member's SSN	Member's Birth Date
Member's Mailing Address (Street, City, State, ZIP)		
Type of Action: ☐ New Enrollment ☐ Change ☐ Cancellation	Sex: ☐ Male ☐ Female	Member's Daytime Phone #
Name of Dental Plan (For Enrollments or Plan Changes) CCPOA RETIRED DENTAL PLAN - United Concordia	Prior State Dental Plan (For Plan Changes Only) IF YOU ARE CURRENTLY RETIRED AND ENROLLED THROUGH CALPERS, YOU MUST CANCEL YOUR CALPERS DENTAL PLAN TO AVOID DOUBLE BILLING	

2. SPOUSE OR DOMESTIC PARTNER

Marital Status ☐ MARRIED ☐ UNMARRIED	Domestic Partnership (Yes/No) ☐ YES ☐ NO	Spouse's or Domestic Partner's SSN
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NOTE: YOU MAY BE REQUIRED TO VERIFY DEPENDENTS THROUGH THE ELECTRONIC ENROLLMENT PROCESS.

3. DEPENDENTS

Name	Birth Date	SSN	Relationship
Name	Birth Date	SSN	Relationship
Name	Birth Date	SSN	Relationship
Name	Birth Date	SSN	Relationship

IF MORE DEPENDENTS, ATTACH ADDITIONAL PAGES; ONLY ELIGIBLE, AUTHORIZED DEPENDENTS MAY USE THE PLAN..

Plan Selection at current monthly rate (Check One) ☐ Retired Member Only \$38.66 ☐ Retired Member and One dependent \$82.54 ☐ Retired Member and Two or more dependents \$141.07	There is currently no state contribution for this plan. Rates may change, pending any MOU negotiations.	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 canceled 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.
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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:
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RETIRED