Notice of Intent to Run
for Trustee of the
CCPOA Benefit Trust Fund

The Term of this Office will be from: January 1, 2027 through December 31, 2030

The CCPOA Benefit Trust Fund will hold an election for one (1), three (3) year trustee position during the upcoming CCPOA Convention to be held August 19–20, 2026 at the MGM Grand Hotel, Las Vegas, Nevada.

The election will take place on August 19, 2026.
The nomination period is now open and will close on June 19, 2026.

The duties of a trustee are to assume the fiduciary responsibilities of the Health, Welfare and Benefit Plans available to CCPOA members. Included in these responsibilities is the willingness to learn and apply the principles of ERISA law, business management, accounting and auditing, contemporary health and welfare programs, and negotiations with insurance providers.

Note: Candidates may be required to participate in a debate with other candidates to the assembled delegates at the annual convention. A newly-elected trustee must complete certain training (at Trust Fund's expense), including education in fiduciary responsibility, HIPAA, and privacy requirements.

I, (full name) _____, am an active member in good standing of the CCPOA, and hereby file my Intent to Run for the office of Trustee of the CCPOA Benefit Trust Fund. **I am aware that this Notice must be received by June 19, 2026.**

I declare that I meet the qualifications as per the CCPOA SOP, Bylaws and the Trust Agreement between CCPOA and the CCPOA Benefit Trust Fund for the office indicated above.

I declare that I have read and understand the responsibilities as outlined in the CCPOA SOP, Bylaws and the CCPOA Benefit Trust Fund Agreement for the office indicated above. I also agree to attend all training specified in the CCPOA Benefit Trust Fund Agreement.

I declare that I will accept the office indicated above if successful and that I shall carry out all duties placed upon me by such office and that I shall abide fully by the CCPOA Bylaws, SOP, ERISA law, as well as any other lawful and/or regulatory rules, regulations, and directives.

I declare that upon conclusion of my tenure in office, I shall immediately turn back to the CCPOA Benefit Trust Fund all CCPOA Benefit Trust Fund properties in my possession, and shall execute any instrument indicated by my leaving such office.

Chapter	SSN#
Address	Phone
Signature	Date

YOUR INTENT TO RUN FORM MUST BE RECEIVED AT THE CCPOA HEADQUARTERS OFFICE NO LATER THAN JUNE 19, 2026.

CCPOA Headquarters | 755 Riverpoint Drive | West Sacramento, CA 95605