CCPOA Benefit Trust Fund

Congratulations. Becoming a C/O is quite an achievement. Part of the reward for all your hard work is a good benefit package. Everybody also knows that insurance can be confusing.

Who should I talk to? What should I get? How much does it cost? What do I need to do?

These questions are common, and you have a great resource to help you through it all…
The CCPOA Benefit Trust Fund. We want you to be educated and comfortable with your benefits.

You can't make good decisions if you don't have the information you need. Please, call the Trust if you ever need help understanding what you have, or whenever you are ready to add something to the benefits that you and your family will rely on.

WE CONSIDER THESE FOUR THINGS ESSENTIAL FOR NEW OFFICERS:

The 4 New-Officer Basics.

Applications and Information inside.

- Join the CCPOA
- Free $5,000 Accidental Death Coverage
- Gold Shield Disability Plan at 50% Discount
- Guarantee Issue Group Term Life Insurance

NEW OFFICER BASICS

Join the CCPOA

Virtually all the benefits offered through the Trust are only available to CCPOA members.

Free $5,000 Accidental Death Coverage

This benefit is free to you through the collective bargaining of the state and the CCPOA.

You probably filled out this form at orintation.

Gold Shield Disability Plan at 50% Discount

Disability coverage is probably the most important coverage you can get.

We feel so strongly about this that we offer new C/Os their first year of coverage at half-price.

Guarantee Issue Group Term Life Insurance

This is ONLY available to new C/Os, and you must sign-up within the first six months of graduation to qualify.

It's guaranteed. You can't be turned down. It's an affordable way to get started with your life insurance.

REWARD YOURSELF

Do it for them: Get Gold Shield at 50% off your first year.

Do it for yourself: Get this great Travel Bath tote FREE!

1. Fill out the application.
2. Make sure you check the "New Officer" box.
3. Know you just did good.

We've Got You Covered.
1-800-In-Unit-6
1-800-468-6486

Offer good while supplies last. Contents not included.

Sign up for Gold Shield.

Sign-up within 90 days of graduation, and your first 12 months is 50% off the regular price!

Full coverage is $27.50/month for all new graduating cadets.

Full details on our website:
www.ccpoabtf.org
Programs > Disability Benefit Plan

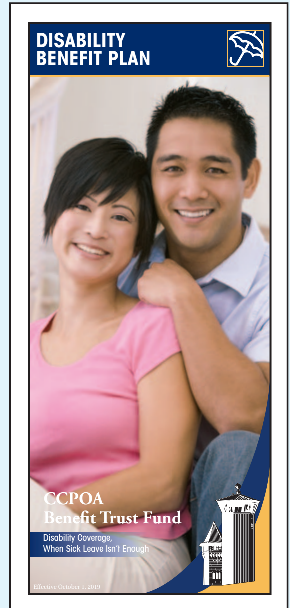
Disability Coverage

Your job has risks. So does your free-time. **Gold Shield** covers you on-and-off the job. 24/7/365.

*It generally takes three to five months from time of application for SSDI benefits to get an initial decision. The backlog of appeals cases was more than one million in 2017, with associated processing time averaging more than 18 months.**

Disabilities happen. Bankruptcy doesn't have to.

*https://disabilitycanhappen.org/disability-statistic/



Fill out the Gold Shield application here

FILL OUT, DETACH AND RETURN TO THE TRUST

Application **CCPOA Disability Benefit Plan** — Active

Full Name (print):	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female
Address:	City:	State:	ZIP:

Phone:	Graduation Date (New Officer Only):
E-mail:	
Height:	Weight:

■ **Plan Selection** at current monthly rate (Check One) *All Rates effective 07/01/2019*

☐ **GOLD SHIELD** $55.00/mo ☐ **SILVER SHIELD** $45.00/mo

☐ **New Officer Special Offer**
$27.50/mo 1st 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.

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:

	YES	NO		YES	NO
A. The brain, nervous system, epilepsy, Parkinson's disease, stroke, mental or nervous disorder?	☐	☐	F. The endocrine system including diabetes, thyroid or adrenal disorders?	☐	☐
B. The respiratory system including tuberculosis, emphysema or COPD?	☐	☐	G. Cancer, tumor, Hodgkin's disease, leukemia, muscle disorders including Muscular Dystrophy or Multiple Sclerosis?	☐	☐
C. The heart, heart attack, heart murmur, blood, anemia, high blood pressure, rheumatic fever or vascular disease?	☐	☐	H. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV or any other immune deficiency disorder?	☐	☐
D. The gastrointestinal tracts, stomach, gall bladder, liver, hepatitis or pancreas disorders?	☐	☐	I. Bone Disease or bone injuries including fractures?	☐	☐
E. The genito-urinary system, kidneys, reproductive organs including prostatitis or uterine fibroids?	☐	☐	J. Any injury, disease, condition or abnormality not mentioned above?	☐	☐
K. Are you actively working within the duties of your occupation?				☐	☐

"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."

ACTIVE

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.

Date of Application:

Signature of Applicant: X

▲ Gold Shield Application ▲

Get $125,000 Guarantee Issue Group Term Life Insurance.

A cost smart way to get covered.
You, your spouse and kids.
Plans start at less than $10/month for the whole family.

Pricing varies by your age and coverage amount.

More information is on our website:
www.ccpoabtf.org
Programs > Supplemental Term Life

Life Insurance

Everybody needs it.

As a new hire you should sign up for **Guarantee Issue** from the Trust. You can't be denied.

Available in the first 6 months of your start date.

Group Supplemental Term Life Insurance Coverage
Offered through the CCPOA Benefit Trust Fund
GUARANTEE ISSUE PLAN
EXCLUSIVE OFFER FOR NEWLY HIRED CCPOA MEMBERS
Developed for you, because you care about them.

Check your G.I. rates here.

Fill out the application on the next page.

Current Guarantee Issue Coverage Rates

Our **Guaranteed Issue Life Insurance Program** is simple. You can apply for the Guarantee Issue Life Insurance coverage in the first six months of hire. You are eligible for $125,000 in coverage. Have a spouse? You can cover your spouse for $12,500. Kids? Coverage is available for them as well. The best part? When you are ready, you can increase your coverage amount by applying for additional Group Supplemental Term Life Insurance through the CCPOA Benefit Trust Fund, up to $500,000* for your coverage at affordable rates.

CURRENT MEMBER INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
$125,000	6.50	7.75	9.00	11.50	17.75	27.75
SPOUSE INDIVIDUAL MONTHLY PREMIUMS - Group Supplemental Term Life Insurance						
AGE	< 30	30-34	35-39	40-44	45-49	50-54
$12,500	0.75	0.84	1.00	1.38	2.00	2.63
Dependent CHILDREN - MONTHLY PREMIUMS - Group Suphplemental Term Life Insurance						
$7,500	$1.65 / per family	Benefit Amount per child age 6 months – 21, or 23 if full time student. [$750 for children from 15 days old to 6 months.]				

EXCLUSION Suicide is excluded from coverage for the first two years, whether sane or insane. If a covered person does commit suicide, New York Life will only pay an amount equal to the premium paid for coverage until the date of death. The Life Insurance Benefit is payable if a member is covered under the policy and commits suicide after the two year period.

*The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company issued to the CCPOA Benefit Trust Fund may not exceed $500,000 for active members, $250,000 for their spouses.

Here is your Guarantee Issue application

Who's Eligible?

You may apply for the CCPOA Group Guaranteed Term Life Insurance program if you are an active CCPOA member, in the first six months of employment in Bargaining Unit 6 and actively-at-work at least 30 hours per week. Members (and their spouse) must be age 55 or under. You can apply for coverage for your spouse and your dependent children (under age 21, age 23 if full time dependent student).

If you and your spouse are both active members of CCPOA in the first six months of hire, each of you may apply in your own right as a member, not solely as a spouse. If you do so, however, coverage may not be duplicated by applying as dependent spouses of each other and only one of you may request coverage for eligible children.

Can I get coverage over age 55?

Not from the Guarantee Issue Plan. Members (and their spouse) must be age 55 or under. Coverage up to age 75 is available through the Supplemental Term Life program for Active Members. Contact the Trust for information on this program.

When Is Coverage Effective?

Your coverage will be effective the first (1st) day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that you are actively at work and a CCPOA member on that date.

If you choose to cover your dependents, their insurance will begin on the date you become covered, or the first month following approval of your application to cover a dependent, whichever date is later, subject to deduction of the required premium.

Deferred Effective Date: If you are not Actively-at-Work on the date you are to be covered under the Policy, you (and your spouse/dependents) will not be covered until the date you return to work as a correctional peace officer in the State of California.

Can I increase coverage later?

Yes! Contact the Trust, and ask for the full Group Supplemental Term Life application. You have coverage options that goes up to $500,000, and $50,000 for your spouse, with full medical underwriting.

Coverage

Benefits are paid for a death occurring at any time, any place,* from any cause, except suicide in the first two years of coverage.

**Subject to U.S. Government regulations on restricted countries.*

When Does Coverage End?

Your coverage under this plan will terminate on:

- The date the policy is cancelled; or
- The Premium Due Date on or nearest the date you cease to be a dues paying member of the CCPOA; or
- The Premium payment is not made on the Due Date.

Your dependents' coverage remains in force as long as your coverage remains in effect, premiums are paid when due, and they remain eligible dependents. An eligible spouse cannot be legally separated or divorced from the insured person.

Notice: The premiums shown reflect the current rates and benefit structure. Premiums may be changed by New York Life on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed. Your rate may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender. Premiums shown are payroll deducted and will increase on the premium due date coinciding with or next following the date that a member or spouse enters a new age bracket. Benefit option amounts are subject to change by agreement between New York Life and the Trustees.

ERISA DISCLAIMER: Please be aware that, depending on your circumstances and the product(s) you select, your group benefits plan may be subject to the Employee Retirement Income Security Act of 1974 ("ERISA").
You should consult your tax and legal advisors regarding the applicability of ERISA to any arrangements addressed in this material. New York Life, its subsidiaries, agents, and employees do not provide legal, tax, or ERISA advice.

The tax consequences of benefits paid under this policy may depend on whether the employee pays for the coverage and to what extent the coverage is paid for on a pre- or post-tax basis, among other factors. Certain requirements apply to coverage offered under "cafeteria plans" subject to IRS sec. 125, including minimum eligibility and participation requirements. You should discuss with your tax advisor the consequences of buying this policy, including whether premium payments are deductible, the taxability of benefits; and whether you have met all applicable tax requirements. New York Life Insurance Company, its employees, agents, and affiliates cannot provide tax advice.

This brochure is intended to describe only principle features of the Group Supplemental Term Life Insurance Plan offered through the CCPOA Benefit Trust Fund and is not a contract. A complete description including features, limitations, exclusions, rates and conditions is contained in the Certificate of Insurance issued to each plan participant. If there is a conflict between any of the described benefits, the Summary Program Description/Plan documents or certificates control and will apply. This plan is underwritten by New York Life Insurance Company under Group Policy G-29307-0/FACE on Policy Form GMR – ER et.al.

New York Life NAIC number 66915 Effective Date: January, 2019

The CCPOA Benefit Trust Fund. Your source for benefits.

Please send me the information on the following benefits

Automatic Benefits

- ☐ Basic Life Insurance
- ☐ $5,000 Accidental Death Basic
- ☐ Legal Defense Fund
- ☐ Legal Program

Trust Benefits

- ☐ Group Accidental Death & Dismemberment
- ☐ Disability Benefit Program
- ☐ CCPOA Medical EOC
- ☐ Piggyback
- ☐ Group Supplemental Term Life
- ☐ VSP Vision Plan
- ☐ Primary Dental
- ☐ Western Dental

More information is available from our website: www.ccpoabtf.org

Please fill out and return this form to receive information in the mail.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

Name:		SSN: (Last 4 digits)
Address:		
City:	State:	ZIP:

Return your completed applications to the Trust

CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

STL New Officers Only

GROUP SUPPLEMENTAL TERM LIFE INSURANCE

Guarantee Issue Plan

Please complete and return this form to the Benefit Trust Fund

CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235

Request for Group Insurance from:
New York Life Insurance Company
51 Madison Avenue, New York, NY, 10010

Please Print Use Dark Ink Do Not Erase Initial All Changes.				Office Use:
Policyholder and Participating Organizations: **CCPOA Benefit Trust Fund**		Policy No. **G29307**	Height: Ft______ In______ Weight: ______ lb	
CCPOA Members Name (First, Middle Initial, Last)			Date of Birth:	☐ Male ☐ Female
Street:			Phone No.:	Last 4 of SSN:
City:	Email:		State:	Zip:
Proposed Insured's Occupation and Facility:				

Beneficiary – Print full name & relationship to you	
Name (Primary):	Relationship:
Beneficiary Address:	Beneficiary SSN:
Name (Contingent):	Relationship:
Beneficiary Address:	Beneficiary SSN:

Guarantee Issue Supplemental Term Life – Indicate N/A if Dependent Coverage is not desired

Member Name:	☐ Male ☐ Female	Date of Birth:	Benefit Amount: **$125,000**	Monthly Premium:
Spouse Name:	☐ Male ☐ Female		**12,500**	
Children:	☐ Male ☐ Female		☐ 15 days - 6 months of age $750 ☐ 6 months or older $7,500	**$1.65 per family/ per month**
	☐ Male ☐ Female		☐ 15 days - 6 months of age $750 ☐ 6 months or older $7,500	
	☐ Male ☐ Female		☐ 15 days - 6 months of age $750 ☐ 6 months or older $7,500	
	☐ Male ☐ Female		☐ 15 days - 6 months of age $750 ☐ 6 months or older $7,500	
	☐ Male ☐ Female		☐ 15 days - 6 months of age $750 ☐ 6 months or older $7,500	
Hire Date:			**Total Premium:**	

Note: If you are covered as a member, you cannot be covered as a dependent of another member.

Please check "Yes" or "No" By applying for this insurance, do you intend to replace, discontinue, or change an existing policy of life insurance?	**Member:** ☐ YES ☐ NO **Spouse:** ☐ YES ☐ NO
Do you have other life insurance in force? If "Yes" total amount in all companies:	**Member:** $ ______ **Spouse:** $ ______
Do you have other insurance applications pending? If "Yes" indicate amount and company.	**Member:** $ ______ **Company:** ______ **Spouse:** $ ______ **Company:** ______

FRAUD NOTICE – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

I have read and understand the conditions and exclusions of this group term life insurance plan. I understand that my coverage will be effective the first day of the month immediately following the month for which a payroll deduction is received for the Supplemental Term Life premium, provided that I am actively at work and a CCPOA member on that date. I also understand that the coverage afforded will be guaranteed issue to me based on the statements I have set forth.

NAMING YOUR BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. When naming your beneficiary(ies) please include their full name, address, relationship to you, and if a minor, the age of that minor. If the beneficiary is not related to you either by blood or marriage, insert the words "Not Related." The beneficiary box is on the front of this form.

If you need assistance, contact the Trust at 1-800-In-Unit-6.

Following are examples of the most common designations:

- Mary J. Doe, Wife. (not Mrs. John Doe)
- Mary J. Doe, Wife, if living, otherwise to Joe W. Doe, Son.
- Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joe W. Doe, Son, in equal shares, or to the survivor.
- Estate of the Insured.
- If you name more than one beneficiary with unequal share, please show the amount of insurance to be paid to each beneficiary in fractional parts. *For example: "1/3 to Mary Jones, Mother, and 2/3 to Edith Jones, Wife".*

By signing and dating this application, I and my spouse/domestic partner (if proposed for insurance), request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.

Member Signature	Date
Spouse Signature (if enrolling)	Date