



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

Or fax this form to: 916-779-6355 | Attn: Enrollment



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

Application <b>MetLife Legal Plan</b>			Retired
<b>CCPOA Benefit Trust Fund (916) 779-6300</b>			
Full Name (print):	Birthdate:	SSN (Last 4):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	City:	State:	ZIP:
Phone:	E-mail:		
<b>■ Program Selection</b> at current monthly rate (Check One) <input type="checkbox"/> <b>MetLife Legal Plan \$13.99/mo</b> Excludes Legal Defense Fund Benefits		<b>RETIRED</b> Yes, I elect to enroll in MetLife Legal Plans and authorize CalPERS to deduct from my retirement allowance the amount required to cover my share of the cost of enrollment, as it is now of \$13.99 per pay period, or as it may be in the future. I understand that this authorization will remain in effect until I cancel it, as long as I remain eligible. I certify I am a retired CCPOA member and that ending my membership will stop all related deductions.	
<b>Fraud Notice – For your protection California law requires the following to appear on this form:</b> 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.			
<b>Signature of Applicant:</b>  <b>X</b>		<b>Date of Application:</b>	

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