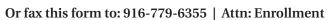


MetLife Legal Plan: Retired Application Form



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





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

Application MetLife Legal Plan				Retired	
CCPOA Benefit Trust Fund (916) 779-6300					
Full Name (print):	Birthdate:		SSN (Last 4):	Sex:	
				Male ☐ Female ☐	
Address:	City		State:	ZIP:	
Phone:	E-mail:				
■ Program Selection at current monthly rate (Check One)		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			
☐ MetLife Legal Plan \$13.99/mo	RETIRED		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.		
Excludes Legal Defense Fund Benefits					
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:			Date of Application:		
x					

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For your protection California law requires the following to appear on this form.