CCPOA
Benefit Trust Fund

MEMBER PORTAL & PROXY ACCESS REQUEST AND CONSENT FORM

FAMILY MEMBER: 18 YEARS AND OLDER

MEMBER INFORMATION			DEPENDENT/PROXY INFORMATION		
Last First Middle Initial			Last First Middle Initial		
Street Address			Street Address		
City	State	ZIP	City	State	ZIP
Birthdate	Sex		Birthdate	Sex	

DESIGNATING A DEPENDENT/PROXY

Dependents/proxy over the age of 18 can give the member authorization to view their Portal Information.

Benefit information to include dental claim history, beneficiary information, disability claim information.

You may cancel the dependent's/proxy's access at any time by submitting a **MEMBER PORTAL & PROXY ACCESS CANCELLATION REQUEST FORM**

DEPENDENT/PROXY AUTHORIZATION

I understand agree that:

- I am allowing CCPOA Benefit Trust Fund and its affiliates and contractors to disclose my information on the Member Portal.
- I am responsible to make sure that the information described above is accurate and complete.
- I will comply with the Terms and Conditions of the Member Portal.

Print MEMBER Name	
MEMBER Signature	Date
Print DEPENDENT Name	
DEPENDENT Signature	Date

- **Fill out application.**
- **Sign and Date the form.**
- **Mail your application to:**

CCPOA Benefit Trust Fund

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