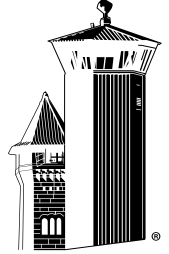


Piggyback Application Form

1. Print-out this form.
2. Fill out application.
3. Sign and Date the form.
4. Mail your application to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-4235
www.ccpoabtf.org



Fold down and seal to return mail

Application CCPOA Piggyback Program						Active	
CCPOA Benefit Trust Fund 1-800-468-6486							
Full Name (Print):	Birthdate:	SSN (Last 4):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address:			List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)				
City:	State:	ZIP:	First	Middle	Last	Date of Birth	Family Relationship
E-mail:							
Phone:							
<input checked="" type="checkbox"/> Plan Selection at current monthly rate (Check One) <input type="checkbox"/> Active Member Only \$14.00 <input type="checkbox"/> Active Member and one or more dependents \$26.00							
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 cancelled by me or by CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.							
Signature of Applicant:					ACTIVE		Date of Application:
X							

Fold up and seal to return mail

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S

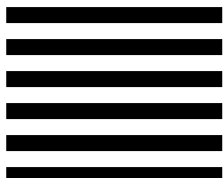


CCPOA Benefit Trust Fund
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