

# Rewards Sign-Up

Fill out the form below, and check all the programs that you would like to enroll in or upgrade your coverage on. Sign the form and mail to the Benefit Trust Fund. Once your enrollment or upgrades are approved, your rewards will be shipped to you at no charge.

Name:		SSN: (Last Four)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		City:	
State:	Zip:	Phone:	
Birthdate:	E-mail:		

## Choose Your Upgrade – Earn Your Reward!

PROGRAM	COVERAGE UPGRADE	CHOOSE YOUR REWARD
<input type="checkbox"/> Supplemental Term Life	Enroll in \$200,000 in coverage	<input type="checkbox"/> Duffle <i>OR</i> <input type="checkbox"/> Shoeshine Kit & Bath Tote
<input type="checkbox"/> Supplemental Term Life + AD&D	Increase coverage by \$100,000 + Enroll in AD&D	<input type="checkbox"/> Duffle <i>OR</i> <input type="checkbox"/> Shoeshine Kit & Bath Tote
<input type="checkbox"/> Gold Shield + Supplemental Term Life + AD&D	Enroll in Gold Shield with the Occupational Rider; Increase STL coverage by \$100,000 + Enroll in AD&D	<input type="checkbox"/> All 3 Items
<input type="checkbox"/> Gold Shield	Enroll in Gold Shield with the Occupational Rider	<input type="checkbox"/> Bath Tote
<input type="checkbox"/> AD&D	Enroll in AD&D	<input type="checkbox"/> Shoeshine Kit

## Retiree Rewards

<input type="checkbox"/> Retiree Supplemental Term Life	Enroll in \$200,000 in coverage	<input type="checkbox"/> Duffle <i>OR</i> <input type="checkbox"/> Shoeshine Kit & Bath Tote
<input type="checkbox"/> Retiree AD&D + Retiree VSP	Enroll in \$100,000 AD&D + Retiree VSP	<input type="checkbox"/> Duffle <i>OR</i> <input type="checkbox"/> Shoeshine Kit & Bath Tote

Signature of Applicant:

X

Date of Application:

*Print, Sign and Return to:*

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

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



*All rewards are while supplies last. Bath tote does not include grooming items.*