



On-Line Application Form

- 1 Fill out application on your computer.
- 2 Print-out this form. 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 and Mail

Application **CCPOA Family Legal Plan**

Active

CCPOA Benefit Trust Fund 1-800-468-6486

Full Name (print):	Birthdate:	SSN:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	State:	ZIP:
Phone:	E-mail:		
Institution:			
Plan Selection (Check One) <input type="checkbox"/> A CCPOA PREMIER LEGAL PLAN \$8.99 <small>(Supplements Legal Defense Fund & Family Legal Plans)</small> <input type="checkbox"/> B CCPOA PREMIER PLAN \$14.99 <small>(Supplements LDF and FLP for 2 CCPOA Married Members)</small>		<input type="checkbox"/> C CALDWELL BUSINESS PROTECTOR \$31.99 <small>(with CCPOA Premier Plan & LDF Supplements)</small> <input type="checkbox"/> D CALDWELL BUSINESS PROTECTOR \$37.99 <small>(with CCPOA Premier Plan & LDF Supplements for 2 Married CCPOA Members)</small> For more information on the Business Protector please contact the Trust	
Signature of Applicant: X		DATE OF APPLICATION:	

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

