

NON-MEMBER REIMBURSEMENT

May 1, 2009
Non-CCPOA Members

In Fall 2007, the Department of Personnel Administration informed CCPOA it is no longer entitled to receive Fair Share deductions. As a result, people who were Fair Share are no longer members of CCPOA and therefore are ineligible for any benefits through the CCPOA Benefit Trust Fund. There is nothing the CCPOA or Benefit Trust Fund can do at this time to remedy the loss in benefits for non-members.

Fair share payers received several automatic benefits as part of past negotiations with the State. In particular, the CCPOA Benefit Trust Fund under Section 12.11 of the expired Memorandum of Understanding (MOU), and 13.11 or the Last Best Final Offer (LBFO), received an agreed upon amount to provide the following automatic benefits:

\$20,000 Basic Life Insurance	\$2.80
Second pair lens and increased frame allowance	\$2.92
Family Legal Services	\$7.25
Legal Defense Fund II	\$1.30
\$5,000 Accidental Death insurance	\$0.04

If you are a non-member, you can take one of the following actions:

- Upgrade to full membership. This provides you with \$20,000 in life insurance and, more important, Legal Defense Fund representation for covered course and scope incidents in addition to many other benefits. We will also assist you in reinstating your benefits. Call 1-800-IN-UNIT-6 to take this action.
- Or, request an application for a refund from the Trust for your lost benefits. The Trust will process requests for program refunds on an annual basis. The dates for this refund are June 30th of each calendar year for requests received before May 30th of said year.

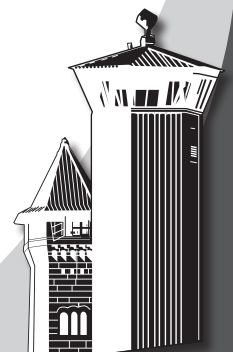
CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833

1-800 IN-UNIT-6 • 1-800-468-6486

Phone: 916.779.6300

Fax: 916.468.6486



NON-MEMBER REIMBURSEMENT

As a former "Fair Share" member I am requesting a refund of payments for benefits that were available prior to November 1, 2007. "Fair Share" is no longer a classification of CCPOA membership.

This form must be completed and returned to the CCPOA Benefit Trust Fund, with copies of your pay warrant or CDC 998-A for the specific months requested.

I am requesting the CCPOA Benefit Trust Fund refund premiums intended for my automatic benefits, including: life insurance, accidental death insurance, supplemental vision coverage, personal legal plan, and legal representation through the CCPOA LDF2 program.

Initial Here:

Number of months requesting: *(Cannot exceed 12 months)*

Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

I have attached copies of my Employee Attendance record (CDC 998-A) or
 I have attached copies of my pay warrant for the above months

Initial Here:

Full Name:

Full SSN:

Mailing Address:

City:

State:

ZIP:

Telephone Numbers:

Work:

Home:

Cell:

I understand that as a non-member I do not have any death benefits through CCPOA and/or the CCPOA Benefit Trust Fund and any beneficiaries I have listed in the past are null and void for my \$20,000 basic life insurance. I also understand I have no legal representation through the CCPOA and/or its Legal Defense Fund as a Non-Member.

Signature:

Date:

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