



# Silver Shield Members – Upgrade Now to **GOLD SHIELD** COVERAGE

## \$10 a month upgrades you to our best coverage. It's a no brainer.

### Gold Shield offers long-term protection.

It's designed for both on-the-job and off-the-job disabilities. It is an important level of financial protection and can provide you essential income between the time you file your workers' compensation claim and your first State workers' comp disability payment. In some cases you could wait many months for workers' comp to pay you.

*If you don't have any other disability protection for on-the-job disabilities, the financial burden falls on you.*

As a Gold Shield participant, you can receive a provisional benefit above the basic minimum monthly benefit, while your workers' comp case is pending. *Please refer to the Plan Document, available on our website, for complete details.*

As a Silver Shield participant, it makes sense to look at upgrading to Gold Shield. With an elimination period of only 30 days, (*your Silver Shield program has a 180 day elimination*) it may be to your benefit to make the change.

It's easy to upgrade your coverage. Just complete and return this form. We'll take care of the rest and send you confirmation that you are enrolled in Gold Shield.

In tough times disability can be a huge financial hit. For only \$10/month extra you can give yourself some peace of mind.

If you have any questions, please visit our website [www.ccpoabtf.org](http://www.ccpoabtf.org) or contact the Trust at 1-800-IN-UNIT-6.

## We've Got You Covered.

### 1-800-In-Unit-6

1-800-468-6486



Disability Benefit Plan benefits provided by the CCPOA Benefit Trust Fund. Please refer to the Plan documents for more information.

### CCPOA BTF DISABILITY BENEFIT PLAN **GOLD SHIELD UPGRADE**

Name:		Birth Date:
SSN: (Last 4 digits)	Phone:	eMail:
Address:		
City:	State:	ZIP:

### AUTHORIZATION TO UPGRADE TO GOLD SHIELD

YES - I want to upgrade my current Silver Shield to Gold Shield - \$55 per month

**Authorization:** I hereby authorize deduction from my pay warrants for Gold Shield coverage at rates in force at the time of deduction until I notify the Trust in writing to stop.

**Mail Completed application to:** CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235

Signature:	Date:
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