



Critical Illness: Application Form



1. Fill out application.
2. Sign and Date the form.
3. Submit your application to the Trust.



MetLife

CCPOA Benefit Trust Fund | 2515 Venture Oaks Way, Suite 200 | Sacramento, CA 95833-4235 | (916) 779-6300 | www.ccpoabtbf.org

Request for Group Insurance from:	Group Critical Illness Insurance				Active
Underwritten by: Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166 Offered through CCPOA Benefit Trust Fund (916) 779-6300				Mail completed form to: CCPOA Benefit Trust Fund 2515 Venture Oaks Way, Suite 200 Sacramento, CA 95833-4235	
MEMBER INFORMATION					
Full Name (First):	(Middle Initial)	(Last)	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female
Address:			City:	State:	ZIP:
Phone:			Smoker:: ☐ Yes ☐ No	Employee Hire Date:	Occupation or Position:
E-mail:					
Beneficiary:		Relationship:		Beneficiary SSN:	Beneficiary Occupation:
Beneficiary Address: <i>Applicant will be Spouse's and Dependent's beneficiary</i>					
DEPENDENT INFORMATION Note: If you need to ADD ADDITIONAL DEPENDENTS, please attach another sheet of paper					
Dependent:	Relationship:		Date of Birth:	Sex: ☐ Male ☐ Female	
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Dependent:	Relationship:		Date of Birth:	Sex: ☐ Male ☐ Female	
☒ Plan Selection (Check One) ☐ Member Only ☐ Member + Spouse ☐ Member + Child(ren) ☐ Member + Family			AMOUNT REQUESTED: \$ _____		MONTHLY PREMIUM: \$ _____
Is spouse an Active or Retired CCPOA Member? Check box: ☐ Yes or ☐ No Note: If you are covered as a member, you cannot be covered as a dependent of another member.					
I hereby enroll in the Accidental Death and Dismemberment Program, underwritten by Metropolitan Life Insurance Company and offered through the CCPOA Benefit Trust Fund. I have read and understand the conditions and exclusions of the program. I understand that my coverage will become effective upon the first day of the month following the administrator's receipt of this enrollment form and my first premium payment.					
Fraud Notice – For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.					
By signing and dating this application, I request the insurance indicated, understand the effective date criteria, and attest to having read the Fraud Notice indicated above, and that to the best of my knowledge and belief, the answers to the questions are true and complete. I understand the principal sum automatically reduces based on the schedule in my Certificate of Insurance and that the premium is payroll deducted.					
Signature of Applicant: X				Date of Application:	



Critical Illness: Rate Charts

COVERAGE AMOUNT:

Amount of Insurance - Spouse and Children covered only if appropriate Plan is checked on front of application

Four levels of coverage are available: **Member; Member+ Spouse; Member+Child(ren); Member+Family**
Available to Active Members Only

Rates are based on per \$1,000 of coverage.
Rates are in \$10K increments, up to \$50K Max

Member Only: Plans start at \$0.46/\$1,000 of coverage
Family: Plans start at \$1.39/\$1,000 of coverage

Premiums shown are calculated by multiplying the rate per \$1,000 by the selected coverage amount.

CRITICAL ILLNESS - MEMBER ONLY						
	Price per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<25	\$0.46	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
25-29	\$0.50	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00
30-34	\$0.55	\$5.50	\$11.00	\$16.50	\$22.00	\$27.50
35-39	\$0.69	\$6.90	\$13.80	\$20.70	\$27.60	\$34.50
40-44	\$0.89	\$8.90	\$17.80	\$26.70	\$35.60	\$44.50
45-49	\$1.20	\$12.00	\$24.00	\$36.00	\$48.00	\$60.00
50-54	\$1.72	\$17.20	\$34.40	\$51.60	\$68.80	\$86.00
55-59	\$2.45	\$24.50	\$49.00	\$73.50	\$98.00	\$122.50
60-64	\$3.27	\$32.70	\$65.40	\$98.10	\$130.80	\$163.50
65-69	\$4.12	\$41.20	\$82.40	\$123.60	\$164.80	\$206.00
70-74	\$5.34	\$53.40	\$106.80	\$160.20	\$213.60	\$267.00
75+	\$7.10	\$71.00	\$142.00	\$213.00	\$284.00	\$355.00

CRITICAL ILLNESS - MEMBER + SPOUSE						
	Price per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<25	\$0.93	\$9.30	\$18.60	\$27.90	\$37.20	\$46.50
25-29	\$1.02	\$10.20	\$20.40	\$30.60	\$40.80	\$51.00
30-34	\$1.12	\$11.20	\$22.40	\$33.60	\$44.80	\$56.00
35-39	\$1.44	\$14.40	\$28.80	\$43.20	\$57.60	\$72.00
40-44	\$1.87	\$18.70	\$37.40	\$56.10	\$74.80	\$93.50
45-49	\$2.46	\$24.60	\$49.20	\$73.80	\$98.40	\$123.00
50-54	\$3.34	\$33.40	\$66.80	\$100.20	\$133.60	\$167.00
55-59	\$4.57	\$45.70	\$91.40	\$137.10	\$182.80	\$228.50
60-64	\$5.93	\$59.30	\$118.60	\$177.90	\$237.20	\$296.50
65-69	\$7.46	\$74.60	\$149.20	\$223.80	\$298.40	\$373.00
70-74	\$9.69	\$96.90	\$193.80	\$290.70	\$387.60	\$484.50
75+	\$13.20	\$132.00	\$264.00	\$396.00	\$528.00	\$660.00

CRITICAL ILLNESS - MEMBER + CHILD(REN)						
	Price per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<25	\$0.90	\$9.00	\$18.00	\$27.00	\$36.00	\$45.00
25-29	\$0.94	\$9.40	\$18.80	\$28.20	\$37.60	\$47.00
30-34	\$0.99	\$9.90	\$19.80	\$29.70	\$39.60	\$49.50
35-39	\$1.13	\$11.30	\$22.60	\$33.90	\$45.20	\$56.50
40-44	\$1.34	\$13.40	\$26.80	\$40.20	\$53.60	\$67.00
45-49	\$1.64	\$16.40	\$32.80	\$49.20	\$65.60	\$82.00
50-54	\$2.17	\$21.70	\$43.40	\$65.10	\$86.80	\$108.50
55-59	\$2.90	\$29.00	\$58.00	\$87.00	\$116.00	\$145.00
60-64	\$3.72	\$37.20	\$74.40	\$111.60	\$148.80	\$186.00
65-69	\$4.57	\$45.70	\$91.40	\$137.10	\$182.80	\$228.50
70-74	\$5.79	\$57.90	\$115.80	\$173.70	\$231.60	\$289.50
75+	\$7.55	\$75.50	\$151.00	\$226.50	\$302.00	\$377.50

CRITICAL ILLNESS - MEMBER + SPOUSE & CHILD(REN)						
	Price per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
<25	\$1.37	\$13.70	\$27.40	\$41.10	\$54.80	\$68.50
25-29	\$1.46	\$14.60	\$29.20	\$43.80	\$58.40	\$73.00
30-34	\$1.56	\$15.60	\$31.20	\$46.80	\$62.40	\$78.00
35-39	\$1.88	\$18.80	\$37.60	\$56.40	\$75.20	\$94.00
40-44	\$2.32	\$23.20	\$46.40	\$69.60	\$92.80	\$116.00
45-49	\$2.91	\$29.10	\$58.20	\$87.30	\$116.40	\$145.50
50-54	\$3.78	\$37.80	\$75.60	\$113.40	\$151.20	\$189.00
55-59	\$5.02	\$50.20	\$100.40	\$150.60	\$200.80	\$251.00
60-64	\$6.38	\$63.80	\$127.60	\$191.40	\$255.20	\$319.00
65-69	\$7.91	\$79.10	\$158.20	\$237.30	\$316.40	\$395.50
70-74	\$10.14	\$101.40	\$202.80	\$304.20	\$405.60	\$507.00
75+	\$13.64	\$136.40	\$272.80	\$409.20	\$545.60	\$682.00



Benefit Trust Fund
COVERING THE MEMBERS OF CCPOA

ACTIVE