

**POLICY NUMBER: G-29308-0**

**STL**

**Supplemental  
Term Life  
Insurance**

**RETIRED BASIC LIFE**

*Partnered with:*



**GROUP TERM LIFE AND DEPENDENT LIFE  
INSURANCE CERTIFICATE**



**CCPOA  
Benefit Trust Fund**

Effective: January 1, 2026

**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.

This Benefit Trust Fund program is governed by the BTF Welfare Benefit Plan 501. A copy of this plan may be downloaded from our website: [ccpoabtbf.org](http://ccpoabtbf.org). You can ask for a paper copy of the Trust's plans or programs at any time, even if you have agreed to receive the notice electronically. The Trust Administrator will provide you with a paper copy promptly.



**GROUP TERM LIFE AND DEPENDENT LIFE  
INSURANCE CERTIFICATE**

**(“CERTIFICATE”)**

**POLICYHOLDER:** CCPOA  
BENEFIT TRUST FUND

**POLICY EFFECTIVE DATE:** January 1, 2009

**ANNIVERSARY DATES:** January 1, 2010 and each  
subsequent January 1

**POLICY NUMBER:** G-29308-0 (the “Policy”)

**CONTRACT STATE:** CALIFORNIA

Updated:  
January 1, 2026



New York Life Insurance Company  
51 Madison Avenue, New York, NY, 10010  
NAIC Number 66915  
NEW YORK LIFE and the NEW YORK LIFE Box Logo  
are trademarks of New York Life Insurance Company.

**NEW YORK LIFE** will pay the benefits of the Policy in accordance with its provisions. The attached pages are a part of the Policy.

Insurance is subject to: (a) the suicide limitation; (b) any exclusions and limitations of the Policy and all other terms and conditions of the Policy; and O) New York Life's underwriting requirements.

The Policy is executed on the Policy Effective Date, which is its date of issue. It is issued in consideration of the payment of the PREMIUM as provided herein.

**Renewal** Insurance under the Policy will be renewed automatically on each Anniversary Date if its terms and conditions are met. Insurance for an INSURED RETIRED MEMBER will be renewed automatically on each PREMIUM DATE for an INSURANCE PERIOD if the terms and conditions of the Policy are met.

On all stated days and dates, insurance begins at 12:01 A.M. and insurance ends at midnight at the place the INSURED RETIRED MEMBER resides.

**Accelerated Death Benefit** The Death Benefit will be reduced by 50% if the Accelerated Death Benefit is paid. PREMIUMS will remain unchanged. New York Life will send the INSURED RETIRED MEMBER a statement which will specify the effect the payment of the Accelerated Death Benefit will have on the Death Benefit and Premiums.

**Right To Examine Certificate** Except for TRANSFER INSURANCE, an INSURED RETIRED MEMBER will have 30 days from the date of receipt to examine the Certificate. If the INSURED RETIRED MEMBER does not wish to keep the Certificate, it must be surrendered to the Policyholder within this period. Upon such surrender, the Policyholder will return any premium paid and insurance will be void from the start. Notice of this right will appear in Certificates.

**IMPORTANT CANCELLATION INFORMATION –  
PLEASE READ THE “WHEN INSURANCE ENDS” PAGE.**

# CONTENTS

<b>IMPORTANT NOTICE .....</b>	<b>6</b>
Certificate .....	6
Conformity With State Laws	
And/Or Regulations .....	6
Errors .....	6
Examination .....	6
Incontestability .....	7
Misstatements .....	7
Policy Change .....	8
Termination .....	8
<b>LIFE AND DEPENDENT LIFE INSURANCE .....</b>	<b>9</b>
For the Death Benefit to be Paid.....	9
Accelerated Death Benefit .....	9
Death Benefit .....	9
What Benefit Is Payable .....	9
Accelerated Death Benefit .....	9
Death Benefit .....	10
Suicide.....	10
Beneficiary.....	10
Accelerated Death Benefit .....	10
Death Benefit .....	10
Forfeiture Of Payment .....	11
Individual Policy.....	12
Request Procedure .....	12
<b>WHEN INSURANCE ENDS .....</b>	<b>12</b>
<b>CONVERSION RIGHTS.....</b>	<b>13</b>
When A Conversion Right Is Available .....	13
Conversion Period Benefit .....	13
What Amount Can Be Converted .....	14
Individual Policy .....	14
Notice Of Conversion Right .....	14
<b>DEFINITIONS .....</b>	<b>15</b>
CLASS 1: .....	15
CLASS 2: .....	15
CLASS 3: .....	15
<b>STATE REGULATIONS .....</b>	<b>17</b>
<b>NOTICE TO CALIFORNIA INSUREDS .....</b>	<b>18</b>

A complete list of the Trust Administration, Board Members and Legal Contacts can be found on our website: [www.ccpoabtf.org](http://www.ccpoabtf.org)

Contact the Trust Fund Office if you have any questions.

## **IMPORTANT NOTICE**

### **CERTIFICATE**

---

The Certificate is a summary of the provisions of the Policy. It should be kept in a safe place. It is not a contract of insurance. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy is available at the Policyholder's office for inspection at any time during business hours. The INSURED RETIRED MEMBER should contact New York Life with questions regarding insurance.

### **CONFORMITY WITH STATE LAWS AND/OR REGULATIONS**

---

Any provision of the Policy which is in conflict with any law and/or regulation of the Contract State or any extraterritorial law/or regulation of any other state in which an INSURED RETIRED MEMBER is a resident, is amended to conform to the minimum requirements of such law and/or regulation.

### **ERRORS**

---

Errors, or delays in keeping records, will: (a) not revoke insurance otherwise in force; (b) not continue insurance which otherwise would have ended; and (c) upon discovery, require fair adjustment of remittances and/or insurance to correct the error.

### **EXAMINATION**

---

New York Life, at its own expense, has the right and opportunity to:

1. have a person, for whom claim is made, examined: (a) physically; (b) psychologically; and/or (c) psychiatrically; to determine the existence and/or cause of any loss, other than loss of life. This right can be used as often as it is reasonably required while a claim is pending; and/or

2. in the event of loss of life: (a) reasonably request an autopsy where it is not forbidden by law or religious belief; and/or (b) examine the medical records of the deceased; to determine the cause of the loss.

## INCONTESTABILITY

---

Except for nonpayment of premiums, New York Life cannot contest the validity of any insurance on a COVERED PERSON after it has been in force for two years prior to the contest under the Policy during such COVERED PERSON'S lifetime. To contest, New York Life will only rely upon:

- a. written statements signed by the INSURED RETIRED MEMBER and/or his or her INSURED SPOUSE in applying for such insurance:
  1. under the Policy; and/or
  2. under another policy, if such statements are used to allow insurance to take effect under or be transferred to the Policy; and/or
- b. the provisions on the When Insurance Takes Effect page(s). A copy of all statements must be furnished to such person or to his or her beneficiary. Such statements are representations, not warranties.

The time insured under the TRANSFER POLICY or the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the two year contestable period has elapsed, if the INSURED RETIRED MEMBER under the TRANSFER POLICY or the PREVIOUS POLICY elects to enroll for insurance as a member under this Policy: (a) at least 30 days prior to the date her or she retires; or (b) within 90 days of becoming eligible for membership in the CCPOA Retired Chapter.

## MISSTATEMENTS

---

Subject to the Errors and Incontestability sections, if relevant statements of age were not accurate for any person, a fair adjustment of remittances and/or insurance will be made as follows:

1. if the age has been overstated: (a) the amount of remittance will be adjusted to reflect the difference between the remittance applicable at the correct age and the incorrect remittance previously paid; and (b) the Policyholder will refund the amount of any corresponding adjustment, except that: If insurance has

been erroneously reduced because such person was thought to have reached a higher age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age; or

2. if the age has been understated: (a) the amount of insurance will be adjusted downward for any INSURANCE PERIOD in proportion to the ratio of the charges previously paid for such INSURANCE PERIOD to the prescribed charges at the correct age for such INSURANCE PERIOD; and (b) there will be no adjustment to any remittance previously paid, except that: If insurance was not reduced because such person was thought to have been in a lower age bracket, as stated on the Schedule page(s), the amount of insurance and remittance will be adjusted based on such person's correct age.

### Policy Change

The Policy can be changed, with 30 days notice: (a) at any time by written agreement between New York Life and the Policyholder; and (b) without the consent of any other person. Changes will be valid only if evidenced by an amendment to the Policy. Such amendment must be signed by the Policyholder and New York Life. The Policy may also be changed by New York Life by amendment to the Policy and without the consent of the Policyholder or any other person, if such amendment is signed by New York Life and:

- a. results from the exercise of a right reserved to New York Life in the Policy;
- b. is issued to conform to any law and/or regulation which applies to the insurance under the Policy; or
- c. results from the termination or change in an agreement between New York Life and a third party, if such agreement is separate and distinct from the Policy and provided the Policyholder is not a party to such agreement. No agent of New York Life can make or change the Policy or waive any of its provisions.

## TERMINATION

---

**By The Policyholder** The Policyholder may terminate the Policy, only after the first Anniversary Date, by giving written notice to New York Life at least 60 days in advance. Termination will take effect on the later of: (a) the date New York Life receives such notice; and (b) the date stated in such notice.



**Termination By New York Life** New York Life may terminate the Policy or any coverage included under the Policy only after the first Anniversary Date, by giving written notice to the Policyholder at least 60 days in advance.

---

## LIFE AND DEPENDENT LIFE INSURANCE

New York Life will pay a benefit for a COVERED PERSON'S: (a) Terminal Illness; or (b) death; in accordance with all of the following:

**Accelerated Death Benefit** The Accelerated Death Benefit is available to a COVERED PERSON who has a Terminal Illness ("Terminal Illness" is a medical condition where the patient has a life expectancy of 12 months or less).

**Death Benefit** The Death Benefit is the benefit payable for a COVERED PERSON'S death.

---

### FOR THE DEATH BENEFIT TO BE PAID

#### **Accelerated Death Benefit**

For the Accelerated Death Benefit to be paid: (1) the Policyholder must receive a completed, written request for the benefit on a form satisfactory to New York Life; and (2) New York Life must receive satisfactory medical proof, in writing, that the COVERED PERSON has a Terminal Illness.

#### **Death Benefit**

For the Death Benefit to be paid, New York Life must receive satisfactory proof of the COVERED PERSONS death.

---

### WHAT BENEFIT IS PAYABLE

The benefit payable is as follows:

#### **Accelerated Death Benefit**

The Accelerated Death Benefit payable is 50% of the amount of insurance in force on the COVERED PERSON'S life on the date New York Life approves the request for the Accelerated Death Benefit, except that: If a reduction of insurance due to age is scheduled within one year of the date New York Life approves

such request, the benefit payable will be 50% of such reduced amount of insurance. The benefit will be paid in a lump sum. The benefit is payable once while the COVERED PERSON is insured under the Policy, whether insurance is continuous or interrupted.

### **Death Benefit**

Except as stated below, the Death Benefit payable is the amount of insurance in force for the COVERED PERSON on the date of his or her death, less the amount paid on his or her behalf under the Accelerated Death Benefit. A single payment is made. New York Life will pay interest on the Death Benefit from the date of the COVERED PERSON'S death until the date of payment. Interest will be paid at the greater of the annual interest rate declared by New York Life for policy proceeds left with New York Life under Option 1 (Proceeds at Interest) or the minimum required by state law.

### **Suicide**

A COVERED PERSON'S death is excluded if it: (a) is due to or related to and/or occurs during suicide, an attempt at suicide or intentionally injuring himself or herself; and (b) occurs within two years from an EFFECTIVE DATE; whether such COVERED PERSON is sane or insane. The only amount payable is a return of the applicable premiums. The time insured under the TRANSFER POLICY or PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the two year period has elapsed, if the INSURED RETIRED MEMBER under the TRANSFER POLICY or PREVIOUS POLICY elects to enroll for insurance as a member under this Policy: (a) at least 30 days prior to the date he or she retires; or (b) within 90 days of becoming eligible for membership in the CCPOA Retired Chapter.

## **BENEFICIARY**

---

### **Accelerated Death Benefit**

The Accelerated Death Benefit will be paid to the INSURED RETIRED MEMBER, except that: If New York Life has received satisfactory proof of the COVERED PERSON'S death before such payment is made, payment will be made in accordance with the Death Benefit subsection of the Beneficiary section.

### **Death Benefit**

Except as stated below, the Death Benefit will be paid to the designated beneficiary(ies). However, if at the time of the COVERED PERSON'S death there is no surviving beneficiary for any designated share of the Death Benefit, such share will be

paid to the COVERED PERSON'S surviving relative(s) in the following order of survival:

1. for an INSURED RETIRED MEMBER: lawful married spouse or domestic partner; children equally; parents equally; or brothers and sisters equally;
2. for an INSURED SPOUSE: lawful married spouse or domestic partner; children equally; parents equally; or brothers and sisters equally; or
3. for an INSURED CHILD: parent, brothers and sisters equally; or children equally.

If there are no surviving relatives, or none can be found within 12 months after the COVERED PERSON'S death, the Death Benefit will be paid to the executor or administrator of the COVERED PERSON'S estate.

In addition, if a beneficiary dies within 15 days after the COVERED PERSON, New York Life will consider such beneficiary to have predeceased such COVERED PERSON, if payment has not already been made.

The INSURED RETIRED MEMBER can designate a beneficiary or change his or her beneficiary designation.

For an INSURED SPOUSE, the automatic beneficiary is the INSURED RETIRED MEMBER. However, the INSURED RETIRED MEMBER can designate a beneficiary or change his or her beneficiary designation.

One or more beneficiaries can be designated. If more than one beneficiary is designated, they can be classified as Primary Beneficiary ("Primary Beneficiary" is the person(s) named to first receive the proceeds of the insurance), or Contingent Beneficiary ("Contingent Beneficiary" is the person(s) named to receive the proceeds of the insurance if no Primary Beneficiary survives). Each beneficiary's share can be stated. If more than one beneficiary is designated and if their respective interests have not been stated, they will share alike. If such designated beneficiary is a minor, his or her share may be paid to (a) an appointed legal guardian; or (b) if no legal guardian is appointed, a person who, at New York Life's option and in its opinion is caring for and supporting the minor.

### **Forfeiture Of Payment**

No payment will be made to any person(s) if such person(s) is the principal or an accomplice in willfully bringing about the death of the COVERED PERSON. Payment will be made in

accordance with this section as though that person(s) had died before the COVERED PERSON.

### **Individual Policy**

Unless otherwise stated by the INSURED RETIRED MEMBER, the Benefit will be paid to the INSURED RETIRED MEMBER'S beneficiary last recorded under an individual policy, if: (a) application for the individual policy was made under a conversion right; (b) the Benefit is not payable under the individual policy; (c) the individual policy, if issued, is surrendered to New York Life; and (d) the Benefit is paid under the Policy.

### **Request Procedure**

To designate a beneficiary or change a beneficiary designation, New York Life must be given a completed, written request on a form satisfactory to it. Such request must be approved and recorded by or on behalf of New York Life. After such recording, the request will take effect as of the date it was signed, subject to any payment made or any other action taken by or on behalf of New York Life before the recording. Requests in effect under the TRANSFER POLICY or PREVIOUS POLICY for TRANSFER INSURANCE will remain in effect under the Policy until changed.

---

## **WHEN INSURANCE ENDS**

Except as stated on the Continuance page(s), a COVERED PERSON'S insurance will end on the earliest of:

1. the last day of the INSURANCE PERIOD during which the INSURED RETIRED MEMBER is no longer a dues paying member of the CCPOA Retired Chapter;
2. the day before the day the amount of insurance in force on a COVERED PERSON, less the amount of any Accelerated Death Benefit paid on such COVERED PERSON'S behalf, equals zero or less;
3. for an INSURED SPOUSE, the date the INSURED RETIRED MEMBER'S MEMBER INSURANCE ends;
4. for an INSURED SPOUSE, the last day of the INSURANCE PERIOD during which such INSURED SPOUSE ceases to be the lawful married spouse or domestic partner of the INSURED RETIRED MEMBER;

5. the later of: (a) the date stated in the COVERED PERSON'S written request to end the insurance; or (b) the date New York Life receives the COVERED PERSON'S written request to end the insurance; or
6. the day before the day the Policy ends or is changed to end insurance for the group of insureds to which the COVERED PERSON belongs.

---

## CONVERSION RIGHTS

A COVERED PERSON can convert life insurance that ends or reduces to an individual policy, without giving New York Life medical evidence of insurability, in accordance with all of the following:

### **When A Conversion Right Is Available**

A conversion right is available to each COVERED PERSON for whom insurance ends or reduces, if insurance ends or reduces for any reason other than: (a) nonpayment of the premium; (b) the amount of insurance reduces to zero or less as a result of payment of an Accelerated Death Benefit; or (c) the COVERED PERSON requests to end such insurance.

However, if insurance ends because the Policy terminates or changes for the group of insureds to which the COVERED PERSON belongs, a conversion right is only available if the COVERED PERSON has been continuously insured under the Policy for at least five years.

Time insured under the TRANSFER POLICY or the PREVIOUS POLICY for TRANSFER INSURANCE will also be used to determine if the five year requirement has been met.

### **Conversion Period Benefit**

The maximum amount of insurance the COVERED PERSON is eligible to convert will continue without payment of the premium during the Conversion Period ("Conversion Period" is the 31 day period, immediately after the date insurance would otherwise end or is reduced, during which a COVERED PERSON can exercise a conversion right). If the COVERED PERSON dies during the Conversion Period, the amount of insurance he or she would have been able to convert will be the Death Benefit payable for such COVERED PERSON'S death, whether or not application for the individual policy or the payment of the first premium has been made.

### **What Amount Can Be Converted**

The COVERED PERSON can convert all or any part of the insurance that ends or reduces. However, if insurance ends or reduces because the Policy terminates or changes to end insurance for the group of insureds to which the COVERED PERSON belongs, the COVERED PERSON can convert all or any part of the insurance that ends or reduces, less the amount of any replacement insurance which he or she can obtain within the Conversion Period, up to a maximum amount of insurance of \$2,000.

### **Individual Policy**

The individual policy requirements are as follows: (a) a completed, written application for the individual policy must be given to New York Life, within the Conversion Period, on a form satisfactory to New York Life; (b) the first premium for the individual policy must be paid within the Conversion Period; (c) the premium for the individual policy will be based upon the member's class of risk and age; (d) the individual policy will be on one of the forms currently offered by New York Life, except term insurance, and will be issued without disability or other supplementary Benefits; and (e) the individual policy will take effect on the day after the Conversion Period Benefit ends. The individual policy may provide less coverage at a higher premium than that provided for under the group Policy.

### **Notice Of Conversion Right**

If a COVERED PERSON has not been given notice of his or her conversion right before the 15th day of the Conversion Period, he or she will have an additional period within which he or she can exercise a conversion right. The additional period will: (a) not extend insurance beyond the end of the 31 day Conversion Period; and (b) end on the earlier of the: (1) 25th day after such COVERED PERSON is given such notice; or (2) 60th day after the end of the 31 day Conversion Period. Written notice presented to the COVERED PERSON or mailed to his or her last known address by New York Life or the Policyholder will be deemed notice.

---

## DEFINITIONS

**AGE** means the attained age on the first day of any INSURANCE PERIOD. References to Age in any heading means “AGE”.

**COVERED PERSON** means an INSURED RETIRED MEMBER or an INSURED SPOUSE.

**EFFECTIVE DATE** means the date that insurance takes effect as follows:

**CLASS 1 ELIGIBLE MEMBER:** the first day of the month on or otherwise next following the date coverage under the PREVIOUS POLICY terminates due to retirement.

**CLASS 2 ELIGIBLE MEMBER:** one year from the effective date he or she becomes a dues paying member of the CCPOA Retired Chapter.

**CLASS 3 ELIGIBLE MEMBER:** September 1, 2009.

**ELIGIBLE MEMBER** means an individual in any one of the following Classes:

**CLASS 1:**

A person who:

1. is a dues paying member in good standing of the CCPOA Retired Chapter; and
2. converts from the Basic Plan of G-29307-0 issued to the Policyholder by New York Life within 90 days of the date he or she retired.

**CLASS 2:**

A person who:

1. is a dues paying member of the CCPOA Retired Chapter; and
2. does not elect to convert from the Basic Plan of G-29307-0 issued to the Policyholder by New York Life within 90 days of the date he or she retired.

**CLASS 3:**

A person who:

1. is a dues paying member of the CCPOA Retired Chapter; and
2. has TRANSFER INSURANCE.

**ELIGIBLE SPOUSE** means an ELIGIBLE MEMBER’S lawful married spouse or domestic partner (“domestic partner means a person with whom an ELIGIBLE MEMBER maintains a Committed Relationship. “Committed Relationship” means a

familial relationship between two individuals characterized by mutual caring and the sharing of a mutual residence”), who:

1. is identified on the request for group insurance;
2. with respect to a domestic partner, completes and submits the Declaration of Domestic Partnership; and
3. is not an INSURED RETIRED MEMBER.

**INSURANCE PERIOD** means the span of time from a premium date through the day before the next premium date, during which insurance continues, if the premium for such span of time is paid.

**INSURED RETIRED MEMBER** means a person who: (a) was eligible for insurance on his or her first EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy.

References to INSURED RETIRED MEMBER mean the Owner for the incidents of ownership. (“Owner” means the person who has the rights of ownership of the insurance.)

**INSURED SPOUSE** means a person who: (a) was an ELIGIBLE SPOUSE on his or her first EFFECTIVE DATE; (b) became insured under the Policy, as approved by New York Life; and (c) remains insured under the Policy.

**PREVIOUS POLICY** means Group Policy Number G-29307-0, issued to the Policyholder by New York Life Insurance Company.

**SPOUSE INSURANCE** means an INSURED RETIRED MEMBER’S insurance for his or her INSURED SPOUSE.

**TRANSFER DATE** means for the purposes of this Policy: (1) September 1, 2009 for those who were insured under the TRANSFER POLICY; and (2) the EFFECTIVE DATE coinciding with or otherwise next following the date a person insured under the PREVIOUS POLICY becomes insured under this Policy.

**TRANSFER INSURANCE** means the insurance in force under the TRANSFER POLICY or PREVIOUS POLICY on the day before the TRANSFER DATE, stated above, which is being transferred to the Policy on such TRANSFER DATE.

**TRANSFER POLICY** means: Group Policy Number AGL-1185, issued to the Policyholder by the Hartford Life Insurance Company.



---

## STATE REGULATIONS

---

### DOMESTIC PARTNER ENDORSEMENT

---

The following applies to California, Nevada and Washington residents:

For the purpose of providing the same benefits, protections and responsibilities to parties of a domestic partnership that are granted to spouses in a marriage, the following Endorsement is attached to the Policy and Certificate:

#### **PURPOSE:**

This endorsement is part of the policy, contract, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits to parties of a domestic partnership. State law requires that parties to a domestic partnership shall have the same benefits, protections, and responsibilities under law as are granted to spouses in a marriage. In order to receive benefits in accordance with this endorsement, the parties to a domestic partnership must have completed and filed a Declaration of Domestic Partnership/Certificate of Registered Domestic Partnership in accordance with the laws of their state of residence.

#### **GENERAL DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:**

The general definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Where terms are used that mean or refer to a spouse, such as “lawful married spouse,” “dependent spouse” or “spouse” the term “domestic partner” shall also be included.

The term “domestic partner” shall be defined within the Eligible Dependent section as “a person with whom an ELIGIBLE MEMBER maintains a Committed Relationship. A ‘Committed Relationship’ means a familial relationship between two individuals characterized by mutual caring and the sharing of a mutual residence.”

Terms that mean or refer to the inception or dissolution of a marriage, such as “date of marriage,” “divorce decree,” “termination of marriage” and any other such terms shall also include the inception or termination of a domestic partnership. “Child or covered child” means a child (natural, step-child, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a domestic partnership.

## **NOTICE TO CALIFORNIA INSUREDS**

**We are the Plan Administrator for your insurance coverage with New York Life Insurance Company.**

*If you need assistance, please contact us at:*

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

Telephone: (916) 779-6300

**The address and toll-free number for the Consumer Affairs Unit of the California Department of Insurance is:**

Consumer Services and Market Conduct Branch

Consumer Services Division

300 South Spring Street, South Tower

Los Angeles, CA 90013

Telephone: 1-800-927-4357 (HELP)

However, the Department of Insurance has requested that we inform you that they are to be contacted only if discussions with us have failed to produce a resolution to the problem that is satisfactory to you.



**We've Got You Covered.**

**(916) 779-6300**

**1-800-468-6486**



**CCPOA  
Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

[www.ccpoabtf.org](http://www.ccpoabtf.org)