

Piggyback Dental Retired Application Form



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



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

Application CCPOA Piggyback Dental Program			Retired
CCPOA Benefit Trust Fund (916) 779-6300			
Full Name (Print):	Birthdate:	SSN (Last 4):	Sex: ☐ Male ☐ Female
Address:			
City:	State:	ZIP:	Phone:
E-mail:			
List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)			
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
Dependent Name: First, Middle, Last	Date of Birth:	Family Relationship	
☒ Plan Selection at current monthly rate (Check One) ☐ Retired Member Only \$18.00 ☐ Retired Member and one or more dependents \$34.00		I hereby authorize the CalPERS to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the California Correctional Peace Officers Association (CCPOA). This authorization will remain in effect until canceled by me or by CCPOA. I certify that I am a member of CCPOA and understand that termination of CCPOA membership will cancel all deductions made under this authorization.	
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.			
Signature of Applicant: X			Date of Application:

Note: If you need to ADD ADDITIONAL DEPENDENTS, please attach another sheet of paper



Benefit Trust Fund
COVERING THE MEMBERS OF CCPOA

RETIRED