



VSP 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 Vision 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																
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Dependent Name: First, Middle, Last		Date of Birth:	Family Relationship																
■ Plan Selection at current monthly rate (Check One) "ADVANTAGE" OUR FULL SERVICE PLAN ☐ Member only \$10.58 ☐ Member + 1 Dependent \$15.31 ☐ Member + Family \$27.56 OR "EXAM+" OUR MOST AFFORDABLE ☐ Member only \$1.66 ☐ Member + 1 Dependent \$2.37 ☐ Member + Family \$4.22 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. <tr><td colspan="5">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.</td></tr> <tr><td colspan="3">Signature of Applicant:</td><td colspan="2">Date of Application:</td></tr> <tr><td colspan="3">X</td><td colspan="2"></td></tr>					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:			Date of Application:		X				
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Signature of Applicant:			Date of Application:																
X																			

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



Benefit Trust Fund
COVERING THE MEMBERS OF CCPOA

RETIRED