

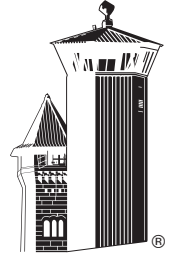


VSP Retired Application Form

1. Fill out application.
2. Sign and Date the form.
3. Mail your application to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200
 Sacramento, CA 95833-4235
www.ccpoabtf.org



Fold down and seal to return mail

Application CCPOA Vision Program						Retired		
CCPOA Benefit Trust Fund 1-800-468-6486								
Full Name (Print):			Birthdate:		SSN (Last 4):		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			List below names and birth dates of spouse and all dependent children under 26 years of age. (Birth dates are required)					
City:	State:	ZIP:						
E-mail:			First	Middle	Last	Date of Birth	Family Relationship	
Phone:								
Plan Selection at current monthly rate (Check One) "FULL SERVICE" OUR STANDARD PLAN OR "EXAM+" OUR MOST AFFORDABLE <input type="checkbox"/> Member only\$8.84 <input type="checkbox"/> Member only \$1.91 <input type="checkbox"/> Member + 1 Dependent ..\$12.67 <input type="checkbox"/> Member + 1 Dependent \$2.62 <input type="checkbox"/> Member + Family\$22.61 <input type="checkbox"/> Member + Family \$4.47								
<small>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 cancelled 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.</small>								
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					RETIRED			Date of Application:

Fold up and seal to return mail

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

We've Got You Covered.

916-779-6300

1-800 In-Unit-6

TAPE TOP CLOSED
DO NOT STAPLE

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DO NOT STAPLE

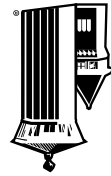
NO TOWERS? NO TRUST



A C C E P T N O S U B S T I T U T E S

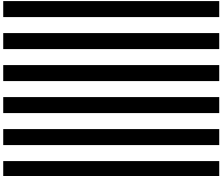


CCPOA Benefit Trust Fund
2515 Venture Oaks Way, Suite 200
Sacramento, CA 95833-9978



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UNITED STATES

