APPLICATION - CCPOA BTF | VAULT Accident & Sickness Programs

First Name	M.I.	Last Name	Social Security No. (Last 4)

Address	Date of Birth

City	State	Zip	Telephone

E-mail address	Facility Name

Complete the following for all that are applying:

FIRST, MIDDLE, LAST	AGE	DATE OF BIRTH	CCPOA MEMBER	Vault Accident Champion		Vault Shield Plus	
				Standard	Premium	Benefit Amt.	$ Cost
			Relationship				
			Relationship				
			Relationship				
Do you have Gold Shield?	☐ Yes	☐ NO: Talk to your Benefit Specialist Today					
			Relationship				
			Relationship				
			Relationship				
☐ I am a CCPOA Dues-Paying Member – Active or Retired			SUB TOTALS:		+		

I hereby authorize the State Controller 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 the CCPOA. I certify that I am a member of CCPOA or the CCPOA Benefit Trust Fund, and understand termination of membership will cancel all deductions made under this authorization.

TOTAL

Signature	Date

Agent Name	Agent Code	ESTIMATED Effective Date

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Payroll Deduction Adjustment Form

Company Name:		
Employee Name:		Employee SSN (Last 4 digits):
Employee Mailing Address:		
City:	State:	ZIP:

Reason for the change:

☐ Termination or On Leave:	☐ Cancellation	Effective Date:
ADP Policy Number(s):		
SDP Policy Number(s):		
DAP Policy Number(s):		
Other (please describe):		

☐ **Please CANCEL the ADP/SDP/DAP/Accident Defender on the same date that the *Vault Accident Champion* and *Vault Shield Plus* take effect.**

☐ ***I understand and agree that I am canceling existing plans for the following :***

Initial:	Member
	☐ ADP ☐ SDP ☐ DAP ☐ Accident Defender

Initial:	Member
	☐ ADP ☐ SDP ☐ DAP ☐ Accident Defender

Initial:	Dependent Name:_____
	☐ ADP ☐ SDP ☐ Accident Defender

Initial:	Dependent Name:_____
	☐ ADP ☐ SDP ☐ Accident Defender

Initial:	Dependent Name:_____
	☐ ADP ☐ SDP ☐ Accident Defender

Initial:	Dependent Name:_____
	☐ ADP ☐ SDP ☐ Accident Defender

Initial:	Dependent Name:_____
	☐ ADP ☐ SDP ☐ Accident Defender

Employee Signature:	**Date:**

ARG BENEFITS
Powered by ARG Benefits

Administered by
VAULT ADMIN SERVICES

For questions about your policy contact: **Corey Gonsalves | Cortney Pacios**
CCPOA Member Line: 888-211-6157