



California Correctional Supervisors Organization

1481 ULLREY AVE. ~ ESCALON, CA 95320
(209) 838-2940 DIRECT ~ (209) 838-6759 FAX
ccso@ccsonet.org ~ www.ccsonet.org

Member Update Form

CCSO is asking all members to update their information even if you believe we have your current data. Please take the time to update the form.

If you are still actively employed with the Department, please include your rank, institution, and personal email.

Name (Print): _____

Current address: _____

City: _____ State: _____ Zip: _____

Country: _____ Last 4 SSN: _____

Cell: _____ Home: _____

Personal email: _____

Rank: _____ Institution: _____

CCSO members actively employed with the Department receive a \$5,000 death benefit and retired members receive a \$1,000 death benefit.

All too often, CCSO has failed to reach a member's beneficiary because the information on file was obsolete. Out-of-date beneficiary designations are a common and costly mistake. Benefits have been paid to an ex-spouse or no benefits were paid out due to a deceased beneficiary. Remember, the beneficiary must be 18 years of age or older. If under 18 years of age, a designated co-beneficiary must be listed.

Further, a family member must contact the CCSO office within 60 days of the member's passing. Please keep a copy of this form and give it to your beneficiary.

Beneficiary Name (Print): _____

Beneficiary Phone: _____ Personal Email: _____

Beneficiary Address: _____

City/State/Zip: _____

Country: _____ Relationship: _____

Contingent Beneficiary Name (Print): _____

Contingent Phone: _____ Personal Email: _____

Contingent Address: _____

City/State/Zip: _____

Country: _____ Relationship: _____

Member's Signature: _____ Date: _____

Return form via email to ccso@ccsonet.org or contact the CCSO office at 209.838.2940 with any questions or concerns.