★ – *Stay Connected.* – ★

CONTINUE YOUR LEGACY

CCSO RETIRED MEMBERSHIP

Greetings,

Thank you for your dedicated service.
Stay connected and continue to enjoy valuable benefits as a CCSO retired member.

WHY STAY WITH CCSO?

- $2,000 Death Benefit
- Folger Adams Key
- CCW Assistance
- PORAC (CUSTODY ONLY) Insurance (Medical, Dental, Vision)

AFFORDABLE MONTHLY DUES

$10 CCSO Dues ($120 per year – $10/month)

+ $10 PORAC (CUSTODY ONLY) Dues (Optional) ($9 PORAC (CUSTODY ONLY) dues + $1 CCSO service fee)

$20 Total Monthly Deduction Conveniently deducted from your CalPERS retirement warrant.

RETIRED MEMBERSHIP APPLICATION

Date: _____

Print Name (As It Appears on CalPERS Warrant): _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Secondary Phone: _____

Personal Email: _____

Gender: ☐ Male ☐ Female Birth Date: _____

Social Security Number: _____

Institution Retired From: _____

Retired Rank: _____

Date Started with Department: _____

Date of Retirement: _____

DESIGNATE YOUR BENEFICIARIES

The beneficiary must be 18 years of age or older. If the beneficiary is a minor, a contingent beneficiary must be named.
A family member must contact the CCSO office within 60 days after member's death occurs.

PRIMARY BENEFICIARY

Name: _____
Relationship: _____
Contact Telephone: _____
Address: _____
City/State/ZIP: _____

CONTINGENT BENEFICIARY

Name: _____
Relationship: _____
Contact Telephone: _____
Address: _____
City/State/ZIP: _____

PORAC (CUSTODY ONLY) MEMBERSHIP

Enroll in Peace Officers Research Association of California (PORAC) (CUSTODY ONLY) for access to nationwide insurance benefits, including medical, dental, and vision coverage, subject to PORAC (CUSTODY ONLY) and CalPERS eligibility.

☐ **YES, I would like to enroll in PORAC (CUSTODY ONLY) membership.**

- CCSO will deduct $10.00 per month from your CalPERS warrant for PORAC (CUSTODY ONLY) membership ($9 PORAC (CUSTODY ONLY) dues + $1 CCSO service fee).
- This $10.00 deduction is in addition to your $10.00 monthly CCSO Retired Chapter dues, for a total monthly deduction of $20.00.

MEMBERSHIP AUTHORIZATION

I hereby apply for membership in the California Correctional Supervisors Organization (CCSO), Retired Chapter, and authorize the deduction of membership dues from my California Public Employees' Retirement System (CalPERS) retirement allowance in accordance with applicable CalPERS regulations.

As a condition of membership, I agree to abide by the CCSO Bylaws and faithfully fulfill the obligations of membership.

Membership dues are $120.00 per year, payable in monthly installments of $10.00, which will be deducted on the first day of each month from my CalPERS retirement allowance.

This authorization will remain in effect until it is canceled by CCSO or revoked by me in writing, subject to the terms of any applicable agreement between CalPERS and CCSO governing membership dues deductions.

I understand that termination of my CCSO membership will automatically cancel all dues deductions authorized under this agreement.

Signature: _____ Date: _____

209-838-2940 | ccso@ccsonet.org | 1481 Ullrey Avenue Escalon, CA 95320 | Proudly Serving the CCSO Family