



Peace Officers Research Association of California

RAM and RAM LDF APPLICATION

RAM Membership Only (\$30)

RAM LDF* (\$48)

RAM and LDF both (\$78)

* Must be a RAM member

Retired Member's Name: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Agency/Association Name: _____
Please spell out completely (Example: San Jose POA)

PORAC Member #: _____ Retirement Date: _____

If you do not have a PORAC #, please provide a copy of your retired identification card front & back

Type of Retirement? (Service, Disability (IDR), or Deferred): _____

If you are currently a member of or intend on joining the PORAC Anthem Blue Cross Medical Plan, in addition to this RAM application you MUST submit the **“Individual RAM Application for IBT Participation.”** Please indicate if you are submitting both the RAM application and the Individual RAM Application for IBT Participation.

Yes – **To enroll in the PORAC Medical Plan your employer MUST be a contracting agency with CalPERS Medical as well as a currently active association with PORAC.** Individual RAM Application for IBT Participation enclosed

No – If checked, you acknowledge that you do not wish to participate or continue in the PORAC Anthem Blue Cross Medical Plan. If you do wish to participate or continue coverage both applications MUST be submitted.

Do you wish to join RAM if you are not approved for participation in the PORAC Anthem Blue Cross Medical Plan by the PORAC Insurance & Benefits Trust?

Yes

No – RAM application may take additional time to process

Method of Payment (Payment must be received with your application):

CalPERS Deduction (\$2.50 per month) Full SSN(required): _____
*RAM Membership only, cannot be used for LDF – must have complete SSN

Check enclosed payable to PORAC _____
Check No. Check Amount

Credit Card No. _____
Visa/MasterCard/Discover/AMEX Exp. Mo/Yr 3 Digit Code

Name as it appears on card Signature

For check or credit card payments, your continued membership will be invoiced annually. If you pay via CalPERS deduction for your RAM membership, you will not receive further invoices. PORAC submits to CalPERS the first week of each month for deductions beginning the following month.

The information requested in this process will be held at the highest level of confidentiality, and is used for verification of identity. Your confirmation may take up to 30 business days.



Peace Officers Research Association of California Insurance & Benefits Trust

INDIVIDUAL RAM APPLICATION FOR IBT PARTICIPATION

Applicant Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

Contact Phone Numbers: Home # _____ Cell # _____

Email Address _____

Date of Birth: _____ SS# _____ Job Title at Separation _____

Agency/Association Name at Separation: _____

PORAC Member #: _____ Retirement/Separation Date: _____

Type of Retirement? (Service, Disability (IDR), or Deferred): _____

Please check any of these additional product(s) that you are currently covered by or if you are interested in participate in them:

Enrolled Interested Enrolled Interested Enrolled Interested Enrolled Interested
 CalPERS Health* AFLAC Term Life California Casualty Auto/Home

**To enroll in the CalPERS Health Plan your employer must be a contracting agency under PEMCHA*

Are you currently a member of the PORAC Anthem Blue Cross Medical Plan? Yes No

If Yes, Anthem Blue Cross ID Number _____ if no, do you intend on joining? Yes No

Are Dependents also covered? Yes No If Yes, please give Name, DOB and Relationship to you?

Reason for Seeking Approval from IBT: _____

Application will not be accepted unless a copy of your retired identification card, front and back is included.

The Undersigned acknowledges that any benefits approved are done so with the understanding that I must remain a member in good standing with PORAC and that the Association I retired from must also remain a member in good standing with PORAC. If the Association I retired from withdraws from PORAC, all of my Insurance and Benefits Trust of PORAC ("Trust") benefits will be terminated.

The Undersigned further acknowledges that I have read and understand the Trust's Benefit Eligibility Policy and this form, that the information provided in this application is true and correct and that the Trust will rely on the information.

Applicant(s) Signature: _____ Date: _____

The information requested in this process will be confidential and is used for verification of your identification. Your approval and confirmation may take up to 30 business days. Any questions after 30 days, call the number below.

PORAC Use: PORAC RAM ID# _____ Mbr. Effective Date _____ Prior PORAC Assn ID _____ IBT Use: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible PORAC Notified Date: _____ Processed by: _____
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Return form with RAM application to: PORAC • 4010 Truxel Road, Sacramento, CA 95834