



Insurance and Benefits Trust/Committee  
Peace Officers Research Association *of California*  
2960 Advantage Way, Sacramento, CA 95834

## Member and Dependent Information

The importance of obtaining dependent information is to ensure that all necessary details are on file for proper beneficiary designation and accurate distribution of policy coverages. When completing this form ensure it is legible and provide complete information, please also ensure that you complete the Beneficiary Designation Form legibly and with complete information, so your benefits are correctly allocated according to your wishes.

Please complete all fields below to ensure accurate insurance coverage.

### MEMBER INFORMATION:

Full Name:	
PORAC Membership Number:	
Mailing Address	
Physical Address	
Phone Number	
Email:	
SSN:	



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#### DEPENDENT INFORMATION:

Please fill out one row for each dependent, including spouse. Check 'Same as member' if address is the same. A Legal Relationship can be any of the following (e.g., civil union, domestic partner, spouse, child, foster child, legal guardianship, etc.).

Dependent One:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	

Dependent Two:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	



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Dependent Three:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	

Dependent Four:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	



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Dependent Five:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	

Dependent Six:

Full Name:	
Gender:	
Mailing Address:	
Physical Address	
Phone Number:	
Legal Relationship	
DOB:	
SSN:	
Email:	



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## Signature Confirmation for Dependent Information Update

### Disclaimer & Authorization

By signing below, I certify that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading statements may result in the rejection of this form, or other consequences as permitted by law.

☐ I acknowledge that my electronic or handwritten signature on this form shall be legally binding and has the same validity as a physical signature. I further consent to the collection and use of the information provided herein for the purposes stated on this form, subject to applicable privacy and data protection laws.

Member Signature:	
Printed Name:	
Date:	