



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

Policy Confirmation of Coverage Form

Member Information

Full Name: _____

Group Policy Number: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Policy Details

Insurance Carrier: _____

Policy Type: _____

Effective Date: _____

Coverage Type: _____

Coverage Amount: _____

Premium Amount: _____

Spouse Information

Full Name: _____

Group Policy Number: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Policy Details

Insurance Carrier: _____

Policy Type: _____

Effective Date: _____

Coverage Type: _____

Coverage Amount: _____

Premium Amount: _____

Policy Details

Insurance Carrier: _____

Policy Type: _____

Effective Date: _____

Coverage Type: _____

Coverage Amount: _____

Premium Amount: _____

Policy Details

Insurance Carrier: _____

Policy Type: _____

Effective Date: _____

Coverage Type: _____

Coverage Amount: _____

Premium Amount: _____



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Confirmation of Coverage

I, the undersigned, confirm that I have reviewed my policy details and the coverage provided as outlined above. The information contained in this form is accurate, and I acknowledge that I have received the corresponding coverage as stated in my policy.

Member Signature: _____

Printed Name: _____

Date: _____

For Office Use Only

Date Received: _____

Reviewed By: _____

Confirmation Status: _____

Signature: _____