



RETIRED ASSOCIATE MEMBER (RAM) APPLICATION

Please Print

RAM w/PORAC LDF Plan V (\$102)

RAM Membership Only (\$30)

RAM LDF Plan V Only (\$72)

NAME:

DOB:

ADDRESS

CITY:

STATE:

ZIP:

PHONE:

ALTERNATIVE PHONE:

EMAIL:

PORAC ID #:

****If you do not have a PORAC ID#, please provide a clear copy of the front/back of your Retired ID Card**

RETIREMENT DATE:

TYPE OF RETIREMENT:

Service

IDR

AGENCY:

ASSOCIATION:

(Spell out: Example: Sacramento Police Dept.)

(Spell out: Sacramento POA)

JOB CLASSIFICATION AT TIME OF RETIREMENT:

MEMBER OF THIS ASSOCIATION AT TIME OF RETIREMENT?

Yes

No

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 – Your application will NOT be processed if determined ineligible for IBT participation. (**Payment will be returned**)

Method of Payment:

Check enclosed payable to:

“**PORAC**”

Check #:

Amount:

Credit Card #

Exp Mo/Yr:

Security Code:

Name as it appears on Credit Card:

*CalPERS Deductions (\$2.50 per mo.) SSN (required)

RAM membership only, cannot be used for LDF

APPLICANT SIGNATURE:

DATE:

*****ALL INFORMATION PROVIDED TO PORAC IS CONSIDERED STRICTLY CONFIDENTIAL*****

Contact RAM/SAM Membership Services at **800-937-6722 (Option 5)** or by emailing: ramsam@porac.org

Complete this form and attach your payment (Check); or complete the Credit Card Authorization on this form and return the originally signed application to:

PORAC Headquarters

Attn: Membership Services (RAM/SAM)

4010 Truxel Road, Sacramento CA 95834

PORAC MEMBERSHIP SERVICES USE ONLY

Application Received: _____

Affiliated Member Name/ID #/Association Verification - Staff: _____ Date: _____

IBT Eligibility Review - Eligible?: YES NO Staff: _____ Date: _____