



PUBLIC SAFETY PROTECTION PROGRAM

Instructions for Individual Benefits Sign Up

Click on Member Sign-Up to enroll in the AFSCME Public Safety Protection Program. You will need to furnish the following information:

A. Local Verification Information

1. State (drop down menu)
2. Local number (4 digits)
3. Public safety unit name (drop down menu)

B. Member Verification Information

1. First name
2. Last name
3. Zip code
4. Click on NEXT button

C. Member Information

1. First Name, Middle Initial, Last Name
2. Address, City, State, Zip Code
3. Phone Number

D. Login Information

1. Email Address
2. User Name (Login ID)
3. Password
4. Confirm Password
5. Select Security Question
6. Security Answer

E. Billing Information

1. Same As Member Address (auto populates home address) or Enter Billing Address

F. Payment Information

1. Credit Card or Bank Draft (ACH)
2. Semi-Annual (\$36) or Annual (\$72)
3. First and Last Name
4. Credit Card Type
5. Credit Card Number
6. CVC Code (3 Digit Code)
7. Expiration Date

Should you have any questions, or need any assistance in signing up, please the Member Advocacy Line at (949) 540-4692 or the PSOAA Program Administrator at admin@psoaa.org