

### Member Information Form

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800

303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Read the reverse side before completing this form. Type or print in black ink, and sign below. Please do not send photocopies of this form or staple, tape, or glue items to it. If you are a new member, give the form to your personnel office to send to PERA. If you are changing information PERA has on file, send it to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA. Do not complete this form if you are a PERA retiree or need to change your PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), or your PERA Defined Contribution Plan name, address, phone number, or beneficiary(ies). (See "To Members Changing Information" on reverse.)

SSN

SSN input boxes: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

#### Member Information—to be completed by you.

- New Member
- Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member \_\_\_\_\_  
Last Name First Name Middle Name Former Name

Birthdate \_\_\_\_\_ Sex:  Male  Female Home Telephone ( ) Work Telephone ( )  
Month/Day/Year

Mailing Address \_\_\_\_\_  
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Spouse \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_  
Last Name First Name Middle Name Month/Day/Year

**Named Beneficiary(ies) (Primary and Contingent) of Your PERA Account:** If you die and no monthly benefits are payable, a lump-sum payment will be made to your primary beneficiary(ies). If your primary beneficiary(ies) predeceases you, payment will be made to your contingent beneficiary(ies). If you do not designate a named beneficiary or your named beneficiary(ies) is deceased, payment will be made to your estate. No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage. Completion of this form is the only method of changing or revoking a named beneficiary designation. For additional named beneficiaries, enclose a list of their names, relationships, Social Security numbers, birthdates, and addresses. **Sign and date any list you enclose.** If you complete any beneficiary information below and submit this form to PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on this form or on a separate list submitted with this form. **If you have more than one year of service, state law specifies who receives monthly benefits after you die.** See the *Survivor Benefits* brochure.

Primary Beneficiary: If you list more than one beneficiary (attach a separate sheet with name(s) and your signature), payment will be divided equally among them.

Name Relationship SSN Birthdate  
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Contingent Beneficiary (person to receive payment if your primary beneficiary(ies) is deceased): If you list more than one beneficiary (attach a separate sheet with name(s) and your signature), payment will be divided equally among them.

Name Relationship SSN Birthdate  
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \* TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY \* \* \* \* \*

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_ Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

## To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of this form, PERA will establish a member contribution account for you. You will contribute 8 percent of your salary to the account through payroll deduction. PERA pays interest on your contributions at a rate determined by the Board. As of January 1, 2009, the interest rate is 3 percent per year and is subject to change annually. Your PERA contributions are tax-deferred—that is, they are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a lump-sum withdrawal or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after one year of PERA service.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- A voluntary 401(k) plan in which you may participate immediately. Contribution limits change annually; additional contribution amounts are allowed if you are age 50 or older. For more information on the 401(k) Plan, please call 1-800-759-7372 and select the 401(k) option or go to PERA's Web site at [www.copera.org](http://www.copera.org) and select "401(k) Information" located on the PERA home page.
- A voluntary long term care insurance program available to you and other family members.

After PERA receives this completed *Member Information Form*, we will mail you a PERA membership packet that contains details about your benefits. For more information about these benefits, go to the PERA Web site at [www.copera.org](http://www.copera.org).

When you end PERA-covered employment, you may leave your member contribution account with PERA (it will continue to earn interest). If you return to PERA-covered employment, your account will be ready to accept additional contributions and you will build additional service credit. If you leave your account at PERA be sure to keep us informed of your address to prevent your account from being transferred to the State's Unclaimed Property Fund.

If you were previously covered by PERA and withdrew your member contribution account, you may purchase service credit based on this refunded account when you have one year of earned service credit. You may also be able to purchase service credit for employment not covered by PERA or another pension plan. See the *Purchasing Service Credit* booklet for more information.

Again, welcome to Colorado PERA! We will strive to inform you about your PERA benefits by sending you the PERA *Member Report* newsletter three times per year, a statement of your account annually after your first year of membership, and other publications.

## To Members Changing Information:

- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete this form and send it to PERA. PERA requires a new copy of your Social Security card only if you have changed your name since sending in your initial copy.
- If you would like to change your address only, you may log on to the PERA Web site at [www.copera.org](http://www.copera.org) and click on the "Contact Us" button or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a customer service representative.
- If you are enrolled in PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or visit PERA's Web site at [www.copera.org](http://www.copera.org), click on "Account Access," and select "Life Insurance."
- If you have a PERA 401(k) account and need to make beneficiary changes, you can change them online through the PERA Web site or by calling PERA at 1-800-759-7372 and selecting the PERA 401(k) Plan option to order a form. In either case, you will need your Personal Identification Number (PIN). If you are transferring from or are currently employed by another PERA-affiliated employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer.
- If you have a PERA defined contribution account and need to change your name, address, or phone number, complete the *PERA Defined Contribution Plan Change Form*. If you need to make beneficiary changes, you can change them online through the PERA Web site or by calling PERA at 1-800-759-7372 and selecting the PERA Defined Contribution Plan option to order a form. In either case, you will need your Personal Identification Number (PIN).