

Member Information Form—Defined Benefit Plan(s)

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

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 mail you a PERA membership packet that explains your PERA benefits and establish a member contribution account for you:

- You will contribute 8 percent of your salary to the account through payroll deduction. PERA will pay interest on your member contribution account. The interest rate is determined by the Board and is subject to change annually. See the PERA Web site for the current rate or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- Your PERA contributions are tax-deferred and are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit.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 earning one year of service credit.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- Voluntary retirement savings plans such as the PERA 401(k) Plan and the PERA 457 Plan (if your employer participates). For more information about these plans, see PERA's Web site at www.copera.org or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.
- A voluntary long-term care insurance program available to you and other family members.
- The option to purchase service credit based on a refunded account or for employment not covered by PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

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.

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.

Member Information Form Instructions

Please read all of the following information before completing this form:

- Type or print in black ink and sign the form. 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 already on file with PERA, 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.
- As a result of the merger between PERA and the Denver Public Schools Retirement System (DPSRS), some members may have two member contribution accounts with Colorado PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two accounts, changes under the Member Information section will be made to both accounts (if applicable).
- 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 signed Social Security card only if you have changed your name since sending in your initial copy.
- If you need to list additional named beneficiaries, attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.

If you complete any beneficiary information on this form 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 would like to change your address only, you may log on to the PERA Web site at 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 need to change your PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), see information below.
- If you participate in the PERA DC Plan or the PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), see information below.

Named Beneficiary Information

If you have an account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your accounts. If you do not check a box, the beneficiary changes will be made to both accounts (if applicable).

Beneficiary definitions:

- Primary Beneficiary—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- Contingent Beneficiary—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

Survivor Benefit Information

If you have more than one year of service, State law specifies who receives monthly benefits after you die. 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. Survivor benefits are different if you have a PERA or DPS benefit structure account, see the *Survivor Benefits* brochure for detailed information.

Changing PERA Life Insurance, 401(k), DC, and 457 Plan Information:

- 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, click on "Account Access," and select "Life Insurance."
- If you have a PERA 401(k) Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make 401(k) Plan beneficiary changes, complete the *401(k) Beneficiary Designation Form*. You can obtain the forms online at www.copera.org or by calling 1-800-759-7372 and selecting the 401(k) Plan option. 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 the PERA DC Plan account and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make DC Plan beneficiary changes, complete the *DC Plan Beneficiary Designation Form*. You can obtain the form online at www.copera.org or by calling 1-800-759-7372 and selecting the DC Plan option.
- If you have a PERA 457 Plan and need to change your name, address, phone number, or beneficiary(ies), go to the Great-West Web site at www.colorado457.com or call Great-West at 303-737-7720 or 1-800-838-0457.

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Read the instructions to the left before completing this form. Be sure to sign and date this form as well as any enclosures.

SSN

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

Member Information—to be completed by you.

I am: A 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(s)

Changes Apply to: PERA Benefit Structure Account DPS Benefit Structure Account Apply to Both Accounts

Note: If you do not check a box, the beneficiary changes will be made to both defined benefit accounts, if applicable.

Primary Beneficiary(ies):

Primary Beneficiary(ies) table with columns: Name, Relationship, SSN, Birthdate, Street, Route, or Box Number, and Apt. Number, City, State, ZIP Code

Contingent Beneficiary(ies):

Contingent Beneficiary(ies) table with columns: 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 _____