



PERAPlus 401(k) Participant Information Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



You are eligible to participate in the PERAPlus 401(k) Plan if you work for a PERA employer, even if you are not in a PERA-covered position. Independent contractors are not eligible to participate in the PERAPlus 401(k) Plan. **Do not complete this form if you are a PERA member or retiree.**

After PERA receives this completed *PERAPlus 401(k) Participant Information Form*, we will send you a PERA Personal Identification Number (PIN). You will use your PIN to create a user security profile including a User ID and password on www.copera.org. You will use your User ID and password to access your PERAPlus 401(k) Plan account through PERA's website. Retain your PIN to access account information when calling the Plan at 1-800-759-7372 (select the PERAPlus option).

To change information:

- » If you have changed your name, changed PERA employers, or want to change your address, complete this form and send it to PERA.
- » If you would like to change your address only, go to www.copera.org and log on to your account with your User ID and password. Then, select "Update Contact Information" from the "My Profile" menu. Or, call PERA's Customer Service Center at 1-800-759-7372.
- » If you would like to change your beneficiary, complete and return a *401(k) Beneficiary Designation Form* (available on PERA's website) or change your beneficiary on the Plan website, accessible through www.copera.org.

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. Complete and send the form to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA.

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Participant Information

Participant Name _____
Last First MI Former Name

Birthdate ____/____/____ Sex: Male Female
Month/Day/Year

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

Home Telephone (____) _____ Work Telephone (____) _____

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Sign Here →

Participant Signature _____ **Date** _____

Employer Information

Note: Independent contractors are not eligible to participate in the PERAPlus 401(k) Plan.

To be completed by employer

Employer No. _____ **Employer Name** _____

Date _____ **Starting Salary** _____

Job Title _____ **Date Employed** _____