



Summer Eligibility Certification

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



This form certifies that you are a student who is eligible for a Colorado PERA survivor benefit during the summer months because you are unmarried and under age 23. To be eligible, you must have completed the recently concluded term or semester on a full-time basis and you must attend full-time during the term or semester immediately following the summer months. After you complete Section 1 of this form, have an official from your school complete Section 2 certifying your attendance, including an official school seal or stamp, and return to PERA within 30 days from the end date of your last term or semester.

Student's SSN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

**Section 1:
To Be Completed
by Student**

Student Name _____
Last First MI

Address _____
Street City State ZIP Code

Email _____ Phone Number (____) _____

Will you attend the term or semester immediately following the summer months on a full-time basis? Yes No

» If Yes, what school do you plan to attend? _____

I certify that the above information is correct and that I will repay PERA any overpayment which results from my ineligibility for survivor benefits. **I understand that I may receive benefits during the summer months only if I was qualified to receive benefits just before and immediately after the summer vacation period based on my full-time enrollment. I certify that I remain unmarried and am under age 23. I also understand that if I become ineligible, I must contact PERA immediately. I further understand that certification must be made within 30 days of the ending date of my last term or semester to avoid suspension of my benefit payment.** I agree that if I receive payments from PERA for which I am ineligible, I will promptly repay any such overpaid monies to PERA.

I hereby authorize PERA to obtain verification of all information provided on this form, or any previous form I have submitted, through any appropriate source. I hereby authorize any school completing this certification form to release any pertinent information regarding my enrollment to PERA for the purpose of validating my eligibility for survivor benefits.

Sign Here → Student's Signature _____ Date _____
Month/Day/Year

**Section 2:
To Be Completed
by School Official**

Name of School _____

Address _____
Street City State ZIP Code

School Phone Number (____) _____

1. Did the student named above complete the most recently concluded term or semester on a full-time basis? Yes No

» **If Yes:**

Beginning date of term/semester: _____ Ending date of term/semester: _____
Month/Day/Year Month/Day/Year

» **If No:**

Date student dropped below full-time status: _____
Month/Day/Year

2. Date of graduation or anticipated graduation (if applicable): _____
Month/Day/Year

By my signature below, I certify the information I am providing regarding the student named above is accurate and complete to the best of my knowledge.

Affix school seal or stamp here



Sign Here → Signature of School Official _____

Title _____ Date _____
Month/Day/Year

Email _____