



PERAPlus 401(k) Participant Information Form

Colorado Public Employees' Retirement Association
P.O. Box 5800, Denver, Colorado 80217-5800
800-759-PERA (7372) • Fax: 303-863-3727 • 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*, log on to www.coperaplus.org. For first time access:

- » Log on and select "Register"
- » Choose the "I do not have a PIN" tab
- » Follow the prompts to create your username and password

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 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).

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.

Participant SSN

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Participant Information

Participant Name _____
Last First MI Former Name

Date of Birth _____ Sex: Male Female Unspecified
Month/Day/Year

Mailing Address _____
Street 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 _____

