



PERAPlus 401(k) Contribution Authorization Form

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



Participant SSN

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

DO NOT SEND THIS FORM TO EMPOWER OR COLORADO PERA.

Deliver this form to your payroll office; make copies for any other employers who will be deducting 401(k) contributions.

If your employer offers online enrollment, do not complete this form.

Participant Information

Name _____
Last First MI

Home Address _____
Street City State ZIP Code

Work Telephone (_____) _____ Email Address _____

Request Details

I request that the following contribution(s) be deducted from my salary per pay period (whole percentages or whole dollars only):

_____ % or \$ _____ pre-tax contribution

_____ % or \$ _____ Roth* (tax-paid) contribution

**Roth contributions are only available if your employer has adopted the Roth option. Please check with your payroll office.*

The maximum combined pre-tax and Roth contribution amount cannot exceed the lesser of 100% of your compensation or the annual IRS limit (see the Plan website), plus any allowed catch-up contribution.

Authorization of Participant

Participant Signature _____ Date _____
Month/Day/Year

