

457 Plan Participant Information Form

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



Welcome to the Colorado Public Employees' Retirement Association (PERA) 457 Plan.

You are eligible to participate in the PERA 457 Plan if you work for an employer affiliated with the PERA 457 Plan, even if you are not in a PERA-covered position. Independent contractors are not eligible to participate in the PERA 457 Plan.

After PERA receives this completed *457 Plan Participant Information Form*, we will mail you a PERA Personal Identification Number (PIN). You should use the PIN to access your 457 account through PERA's Web site at www.copera.org or when calling the Plan at 1-800-759-7372 and selecting the 457 option.

To change information:

- If you have changed your name, PERA employers, or address, please complete this form and send it to PERA.
- 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 PERA Customer Service Representative.
- If you would like to change your beneficiary, complete and return the *457 Beneficiary Designation Form*. You can obtain the form online at www.copera.org or by calling 1-800-759-7372 and selecting the 457 Plan option.

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. **Do not complete this form if you are a PERA member or retiree.** 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.

SSN

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Information to be completed by you.

Participant _____
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

Participant Signature _____ Date _____

* * * * * TO BE COMPLETED BY EMPLOYER * * * * *

Note: Independent contractors are not eligible to participate in the PERA 457 Plan.

Employer No. _____ Employer Name _____ Date _____

Starting Salary _____ Job Title _____ Date Employed _____