



## Section 2: Employer Certification

I hereby certify that we meet the requirements of C.R.S. § 24-51-1101 (1.9) and that the designations have only been made due to a critical shortage of qualified candidates. The designated retirees have unique experience, skill, or qualifications that will benefit us as the employer. I further certify that we understand our obligations under the law to employ these retirees, **to notify the retirees that they are not eligible for the PERACare subsidy**, and to notify PERA when each retiree we designate is no longer working in a critical shortage position.

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_

Name of Certifying Official \_\_\_\_\_ Effective Year \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_