Death Notification/Salary Report
Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

Deceased Member's SSN ☐☐☐ ☐☐ ☐☐☐☐

Employers: Please read the instructions on the reverse side prior to completing this form.

Deceased Member's Information	Deceased Member's Name _____
	Last First MI
	Was death job-incurred? ☐ Yes ☐ No Date of Death _____ Position Held _____
	Month/Day/Year

Employment Status of Deceased Member at Time of Death

Last Day Physically on the Job _____
Month/Day/Year

Termination Date _____   Paid-Through Date _____
Month/Day/Year   Month/Day/Year

Last Date of Sick or Injury Leave Actually Used (if after last day on the job) _____
Month/Day/Year

Final Three Months of Salary

Month/Year	PERA-Includable Salary Only		Member Contributions
	Base Pay	Extra Pay (if applicable)	
	$	$	$
	$	$	$
	$	$	$

Extra Pay Breakdown

If the final three months of salary includes Extra Pay, please itemize the Extra Pay:

_____ Number of hours/days of payoff of unused annual or personal leave at $ _____ per _____ (hour/day)

_____ Number of hours/days of payoff of unused sick leave at $ _____ per _____ (hour/day)

$_____ Define any other amount _____

If bi-weekly, specify any three-pay month(s) _____

Person to Contact Regarding Survivor Benefit

Name of Contact _____
Last   First   MI

Relationship to Deceased _____   Telephone Number (_____) _____

Address _____
Street   City   State   ZIP Code

Employer Certification

Comments: _____

_____

_____

Employer _____   Telephone Number (_____) _____

Form Completed By _____   Date _____
Please Print   Month/Day/Year

Instructions:

Use final information, do not estimate. Please provide the information in the appropriate spaces and send this form to Colorado PERA when you know the information is accurate. If the actual salary changes or you discover an error after sending this report to PERA, please advise PERA promptly. If you have questions while completing this form, call your PERA Employer Representative or PERA's Benefit Services Division.

If the final month of salary includes Extra Pay, show how the Extra Pay was determined. Below is an example of $2,900 of Extra Pay in the final month of salary. Extra Pay may be overtime pay, shift differential, etc.

100 hours Number of hours/days of payoff of unused annual or personal leave at $ _20_ per _hour_ (hour/day)

20 hours Number of hours/days of payoff of unused sick leave at $ _20_ per _hour_ (hour/day)

$ _500_ Define any other amount _Overtime pay_____

If bi-weekly, specify any three-pay month(s) _____