



PERACare Enrollment/Change Form
Pre-Medicare Coverage—2022

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



Your SSN

Complete and return this form if you want to enroll in, change, or cancel coverage(s).

Your Information

Name _____
Last First MI
Birthdate _____ Daytime Phone Number (____) _____
Email Address _____
Sign up for electronic delivery of PERA information? Yes No

Signature Certification

By signing the form, I certify and agree with the following: I am eligible to enroll in the Program, and if I am enrolling my spouse and/or dependents, I certify that they also are eligible to be enrolled. I authorize Colorado PERA to deduct from my monthly benefit the premium for my coverage. Finally, I agree that, if I wish to cancel this coverage, I must provide PERA with a 30-day advance written notice.

Sign Here → Your Signature _____ **Date** _____

Effective Date

I would like to request my effective date to enroll in, change, or cancel coverage to be _____ 1, 2022.*

* If this date is not your retirement effective date, a *Certification of Previous Health Care Coverage* form may be required. See the PERACare Enrollment Eligibility Chart in the *PERACare Health Benefits Program Pre-Medicare Coverage* booklet.

Dependent Enrollment Information

Complete this section if you are adding coverage(s) for your Pre-Medicare spouse and/or dependent children. If you are adding coverage for dependents with Medicare, use the *PERACare Enrollment/Change Form Combination Pre-Medicare and Medicare Coverage—2022*.

_____	_____	_____	____/____/____	_____	_____
Spouse's Last Name	First Name	MI	Birthdate	SSN	M/F
_____	_____	_____	____/____/____	_____	_____
Child's Last Name	First Name	MI	Birthdate	SSN	M/F
_____	_____	_____	____/____/____	_____	_____
Child's Last Name	First Name	MI	Birthdate	SSN	M/F
_____	_____	_____	____/____/____	_____	_____
Child's Last Name	First Name	MI	Birthdate	SSN	M/F

(Continued on reverse)



