



School Attendance Certification

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



This form certifies that you are a student who is eligible for a Colorado PERA survivor benefit because you are attending an accredited school on a full-time basis, unmarried, and under age 23. After you complete Section 1 of this form, have an official from your school complete Section 2 on the reverse side certifying your attendance, including an official school seal or stamp, and return to PERA within 30 days from the end date of your last term or semester.

Deceased PERA Member's SSN

Student's SSN

Section 1 To Be Completed By Student

Student Name _____
Last First MI

Address _____
Street City State ZIP Code

Telephone Number () _____ Email Address _____

Sign up for electronic delivery of PERA information? Yes No

» Are you married? (If "Yes," enter date) Yes No Date _____
Month/Day/Year

» Did you complete the most recently concluded term or semester on a full-time basis? Yes No

I certify that the above information is correct and that I will repay PERA any overpayment which results from my ineligibility for survivor benefits. I understand that I am eligible to receive survivor benefits as long as I maintain full-time enrollment in an accredited school, remain unmarried, and am under age 23. I also understand that if I become ineligible, I must contact PERA immediately. I further understand that certification must be made within 30 days of the ending date of my last term or semester to avoid suspension of my benefit payment.

I hereby authorize PERA to obtain verification of all information provided on this form, or any previous form I have submitted, through any appropriate source. I hereby authorize any school completing this certification form to release any pertinent information regarding my enrollment to PERA for the purpose of validating my eligibility for survivor benefits.

Sign Here → Student's Signature _____ Date _____
Month/Day/Year

Section 2 to be completed by school official on reverse





School Attendance Certification (continued)

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Student Name _____ Student SSN _____

**Section 2
To Be Completed
By School Official**

Name of School _____

School Telephone Number (_____) _____

Address _____
Street City State ZIP Code

Did the student named above complete the most recently concluded term or semester on a full-time basis? Yes No

» If "Yes,"

Beginning date of term/semester: _____
Month/Day/Year

Ending date of term/semester: _____
Month/Day/Year

» If "No,"

Date student dropped below full-time status: _____
Month/Day/Year

Is the student named above currently enrolled full-time for the upcoming term or semester? Yes No

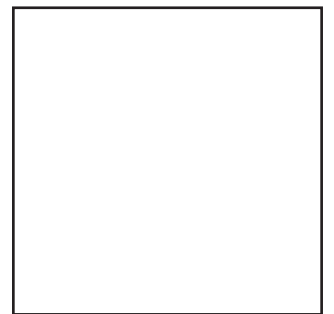
» Beginning date of upcoming term/semester: _____
Month/Day/Year

Ending date of upcoming term/semester: _____
Month/Day/Year

» Date of graduation or anticipated graduation (if applicable): _____
Month/Day/Year

By my signature below, I certify the information I am providing regarding the student named above is accurate and complete to the best of my knowledge.

Affix school seal or stamp here



Sign Here →

Signature of School Official _____

Title _____ Date _____
Month/Day/Year