**STARS ACCESS REQUEST**

**PURPOSE**

The STARS Access Request form is used to give an employer’s staff access to specific areas of the PERA Secure Transmission and Reporting System (STARS). The form ensures that the person requesting access is acting on the authority of the employer. Employees with access to STARS can access the system from any Internet connection and have access to potentially confidential information.

**KEY POINTS**

» Each employer should have at least one designated superuser. The superuser is responsible for verifying the access of others and has all levels of access to STARS.

  • The Annual STARS User Review is the process by which the superusers review all of the employees that have access to the site and their levels of access. The process ensures everything is up to date and access is only granted to appropriate personnel.

» The form **cannot** be signed by the subject of the form. It is best to have a designated person sign off on STARS forms.

» User IDs and passwords must be kept **confidential**. Allowing others to use User IDs and passwords compromises PERA security protocol and potentially the employer’s confidential information.

**STARS LOCATION**
Employer completes *STARS Access Request* form for new employees needing access to STARS

PERA receives form and the Employer Representative (ER) reviews

Is the form accurate and complete?

No

Employer is contacted for more information and to submit a revised form

Employees cannot sign their own forms

Yes

The PERA ER updates PERA’s contact information

PERA’s IT Division creates a User ID and temporary password

IT notifies ER when process is complete

ER notifies employer of User ID and password

The new employee is now able to log into STARS

Employees cannot sign their own forms
STARS Access Request

This form is used by an employer to request a supervisor's, and/or staff member's access to PERA's Secure Transmission And Reporting System (STARS). By signing this form, you, as the representative of the employer, acknowledge the following:

- My staff member(s) has the authority to view confidential information and transmit the information to PERA.
- My staff member(s) has access to financial information and will transmit contributions and other amounts due to PERA through STARS.
- I will be timely in notifying PERA to cancel STARS access for the staff member(s) and provide PERA with a new STARS Access Request form for any subsequent staff member(s) who will fulfill this role; should the employment status of the staff member change due to a position change or termination.
- I will provide PERA with timely and accurate contribution reports and contribution amounts as required by Colorado state law and rules adopted by PERA.
- PERA is not responsible should the staff member(s) fraudulently use access to our information and STARS to commit any illegal act.

I Need Help

Superuser Information

Employer Superuser

Position with Employer

Telephone number

Fax number

E-mail address

Staff Member Information

Member's name *

Position with employer *

Member's telephone number *

Member's fax number

Member's e-mail address *

Level of access - Select at least one option

Payroll
  - Contribution Reporting
  - SSN verification
  - Online forms
  - Employee Contribution History

Insurance
  - PERACare register

Audit/Compliance
  - Compliance File Transfer
  - Audit File Transfer
This form is used by an employer to request a superuser’s and/or staff member’s access to Colorado PERA’s Secure Transmission And Reporting System (STARS). By giving your staff member(s) access to STARS, your staff member(s) will be able to provide and access confidential information about your employees through STARS, such as Social Security numbers, birthdates, salary information, and employer bank account information. By signing this form, you, as the representative of the employer, acknowledge the following:

» My staff member(s) has the authority to view confidential information and transmit the information to PERA.
» My staff member(s) has access to financial information and will transmit contributions and other amounts due to PERA through STARS.
» I will be timely in notifying PERA to cancel STARS access for the staff member(s) and provide PERA with a new STARS Access Request form for any subsequent staff member(s) who will fulfill this role, should the employment status of the staff member change due to a position change or termination.
» I will provide PERA with timely and accurate contribution reports and contribution amounts as required by Colorado state law and rules adopted by PERA.
» PERA is not responsible should the staff member(s) fraudulently use access to our company’s information and STARS to commit any illegal act.

**Employer Information**

Employer

Employer Number

**Superuser Information**

Complete this section only when designating a Superuser.

All PERA employers are required to annually review the list of staff and vendors for whom the employer has requested STARS access and their associated levels of access. Due to the sensitive nature of the information available through STARS, PERA wants to ensure that the appropriate individuals have access to the system. PERA will notify the designated superuser(s) by November 1 annually with instructions on how to access, review, and return the Employer Web User Report.

Each employer must designate a superuser. The superuser has access to all of the functions outlined in Level of Access (see reverse). The superuser is responsible for completing the annual STARS access review.

Employer Superuser

Position with Employer

Telephone Number ( ) Fax Number ( )

Email Address

**Staff Member Information**

For the protection of the employer and PERA, STARS access should not be shared among employees. An employer may request STARS access for any number of employees that the employer deems necessary to provide timely and accurate reporting to PERA. However, each employee should use his or her own access.

Staff Member Name

Position with Employer

Telephone Number ( ) Fax Number ( )

Email Address

*Continued on reverse*
Payroll:

- **Contribution Reporting**—Allows the user to upload contribution reports and set up ACH debits from the employer’s bank account to pay PERA contributions. This level of access also allows the user to specify which bank account will be used for ACH payments to PERA and enter the schedule of future payroll dates into the STARS system.

- **SSN Verification**—Allows the user to upload a list of Social Security numbers. PERA will download a report to the user specifying whether each SSN uploaded represents a PERA member, a PERA retiree, someone with no member record on file at PERA, or other status.

- **Online Forms**—Allows the user to access, complete, and submit the following employer forms online: Final Six Months’ Salary Report, Explanation of Additional Pay, Employment Termination Certification by Former Payroll or Personnel Office, Death Notification/Salary Certification, Certification of Leave of Absence, and Disability Retirement Employment Termination Certification.

- **Employee Contribution History**—Allows the user to enter an employee’s SSN to view a history of contributions for that employee.

Insurance:

- **PERACare Register**—Allows the user to view the PERACare register information online (if the employer offers PERACare to its employees).

Audit/Compliance:

- **Compliance File Transfer**—Allows the user to upload compliance documents to the Benefits Compliance Team (W-2 files).

- **Audit File Transfer**—Allows the user to upload and download audit-related files.

PERA Pension and Other Postemployment Benefit (OPEB) Reporting:

- **Reporting**—Allows the user to view reporting information needed to assist employers in complying with Governmental Accounting Standards Board (GASB) pension and OPEB standards.

I acknowledge that I am authorized by the employer to sign this request and to commit the employer to the obligations described above.

**Signature** ___________________________________________ **Date** ___________________________ **Month/Day/Year**

**Print Name** ___________________________________________ **Title** ___________________________

**Telephone Number** ( ) ___________________________ **Email Address** ___________________________
CERTIFICATION OF LEAVE OF ABSENCE

PURPOSE

The Certification of Leave of Absence form is used to keep PERA informed of a member’s break in service. Without a Certification of Leave of Absence on file, a member’s account may become inactive which could impact the following member rights:

» Ability to purchase service credit
» Disability coverage
» Survivor benefits

KEY POINTS

» If the name or Social Security number (SSN) of the member is incorrect or different from what is in PERA’s system, the employer will be contacted for additional information.

» Check the dates! If the end date on the form has passed, PERA will contact the employer for more information.

STARS LOCATION

Welcome To STARS

Department Information

Name
Address

PERA Employer Representative Information

Name
Phone

PERA Field Education Representative Information

Leaves of Absence Certification

STARS Guide
Account Home
CERTIFICATION OF LEAVE OF ABSENCE

Employee/employer determine type of leave, beginning, and end dates

Employer completes the online or paper form and sends to PERA

PERA receives and reviews submitted form

Is the form accurate and complete?

No

Employer is contacted for more information or to submit a revised form

Yes

Form is filed in the member’s individual record and his/her status is changed to “on leave”
CERTIFICATION OF LEAVE OF ABSENCE

Certification Information

SSN *

Member Name * (F/M/U)

Type of Leave

Leave Without Pay

Beginning of Leave *

End of Leave *

Member Plan Choice *

Certifier’s Official Title *

Certifier’s Phone Number *

Certifier’s Email *

Submit Preview

* = required field
CERTIFICATION OF LEAVE OF ABSENCE

To ensure protection of the rights of the member pertaining to Colorado PERA benefits, this Certified Leave of Absence form should be filed within 90 days of the beginning date of the leave.

Certification Information

This is to certify that:

Member ____________________________ Last ____________________________
First ____________________________ MI ____________________________
is on certified (check one)
☐ Leave Without Pay
☐ Short-Term Disability Leave
☐ Leave Without Pay for Health Reasons
☐ Family and Medical Leave Act (FMLA)
☐ Military Leave
☐ Paid Sabbatical Leave*

* Full contract salary without sabbatical $ ____________________________
* Amount of above salary to be paid while on sabbatical $ ____________________________

for the period of ____________________________ to ____________________________
month/day/year ____________________________ month/day/year ____________________________

Employer Certification

Employer Number ____________________________ Employer* ____________________________

*If the member is currently employed by the State or a choice-eligible community college, the employee is a member of (check one):

☐ PERA Defined Benefit Plan ☐ PERA Defined Contribution Plan

Print Name of Certifying Official ____________________________

Signature of Certifying Official ____________________________

Title ____________________________

Email Address ____________________________

Phone Number (_____) ____________________________ Date ____________________________
EXPLANATION OF ADDITIONAL PAY

PURPOSE

Additional pay is classified as compensation received that is over and above a member’s regular salary. These additional payments are often discovered when processing a benefit request or in the course of reviewing a member’s account.

The Explanation of Additional Pay form helps PERA ensure that we provide correct and verified information to our members concerning their accounts, including accurate service credit and Highest Average Salary (HAS) calculations. It also allows PERA to make adjustments and corrections to previously submitted contributions based upon the detailed explanations provided on the form. PERA can then calculate and account for any retroactive salary (over six months).

KEY POINTS

» Forms can be submitted at any time additional salary is paid.

» Performance or merit-based pay plans should be submitted to PERA in advance of any payment being made.

» Any explanation of additional pay for a specific member may require further research by the ER team to determine whether additional members were affected.

STARS LOCATION
Questionable salary posting or pattern is identified by PERA

Does internal documentation exist that explains the additional pay?

Yes

Questionable salary is verified and is considered PERA-includable

A Salary Explanation Request (Explanation of Additional Pay) is sent to the employer

Employer completes Salary Explanation Request (Explanation of Additional Pay) and sends it to PERA or uploads to STARS

Based on the employer’s explanation, is the extra pay PERA-includable?

Yes

Does the salary remain in the month reported?

Yes

Process is complete

No

Employer clarifies how additional salary should be spread retroactively

Money is moved as instructed

Employer is contacted to take a credit

No
EXPLANATION OF ADDITIONAL PAY

Explanation of Additional Pay

Member Information

Member SSN *

F I L

Member Name * (First Middle Last)

Position Title *

Employer Phone Number *

Pay Period End Date Additional Pay Explanation of Additional Pay Edit Delete

You have not added any Explanation of Additional Pay records.

Add New Explanation of Additional Pay Record

Submit Preview

* = required field
March 17, 2015

Agency
Payroll - Contact
Address

Re:  
SSN: XXX-XX-1111

Dear:

Please provide a detailed written explanation for the following salaries remitted by your payroll department and return to Colorado PERA as soon as possible. Include a detailed explanation for all pay above the member’s base rate.

List a detailed reason for any **stipend or performance pay**. Provide a break-down, by month and amount, for where any retroactive salaries or pay adjustments should originally have been paid. You may attach additional sheets.

<table>
<thead>
<tr>
<th>Date</th>
<th>Salary</th>
<th>Explanation of additional salary above member’s base pay</th>
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</tbody>
</table>

__________________________________________  
Telephone  
__________________________________________  
Name and title (please print)  
__________________________________________  
Date  
__________________________________________  
Signature

Please contact me at 1-800-759-7372 if you have any questions about this request. My extension is 3823.

Sincerely,

Gary Brooks  
Benefit Services Division

C:  
SE
REFUND/ROLLOVER REQUEST–DEFINED BENEFIT (DB) PLANS/TERMINATION CERTIFICATION

PURPOSE

The Refund/Rollover Request—Defined Benefit (DB) Plans must be completed by a member who wishes to refund the balance of his/her member contribution account or roll it over to another retirement plan following termination of all PERA-covered employment. The “Termination Certification by Former Payroll Office” portion of the form is completed by the employer to certify that the employee has terminated employment and to provide information about the final contribution amount that PERA will receive from that employer.

KEY POINTS

» The Refund/Rollover Request must be completed with an original signature and notarization; a photocopy or faxed form is not accepted. Side 2 of the form may be photocopied if the member has more than one employer to certify termination of employment or if the member has more than one financial institution that requires certification.

» Do not complete the “Termination Certification” section prior to knowing the exact amount of the member’s final contribution that will be reported to PERA. PERA has to wait until the final contribution amount is received and will compare that amount to the amount listed on the form. Any discrepancy between the amount certified and the amount received may cause a delay in the refund process.

» The month listed under “Specify the final month the member will appear on your Contribution Report” should correspond to the pay period end date listed for that posting inside your contribution report detail file, not the month in which the final amount is paid.

STARS LOCATION
REFUND/ROLLOVER REQUEST–DEFINED BENEFIT (DB) PLANS/TERMINATION CERTIFICATION

Member completes Refund/Rollover Request–Defined Benefit Plan(s)

Member sends completed and notarized form to PERA and notifies employer of refund/rollover

Employer completes the Termination Certification section of the form and submits contribution report to PERA

Member gives completed form to payroll office

Does the data in the Termination Certification section and the contribution report match?

Yes

Refund/rollover is processed according to standard time frame

No

ER contacts employer for additional information

ER contacts member for additional information

Is the form complete, signed, and notarized?

Yes

No

Member makes corrections and returns the form to PERA

No photocopies or faxes
Employment Termination Certification

Certification Information

SSN *

Member Name * (If At LU)

☑ Terminated Employment

Last Paid Date * (mm/dd/yyyy)

Final Month * (mm/yyyy)

Total Member Contributions *

Termination Date * (mm/dd/yyyy)

Certifier’s Official Title *

Certifier’s Phone Number *

SUBMIT PREVIEW
REFUND/ROLLOVER REQUEST–DEFINED BENEFIT (DB) PLANS/TERMINATION CERTIFICATION

Refund Request—Defined Benefit Plan
Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7572) • www.copera.org

Member SSN

See instructions for completing this form to the left on page 18.

Member Information
Name must be the same as the name on your Social Security card
Name ____________________________
First ____________________________
Last ____________________________
Address ____________________________
Street ____________________________
City ____________________________
State ____________________________
ZIP Code ____________________________­
Daytime Telephone ____________________________
Birthday ____________________________

Your refund check(s) will mail to this address

Refund
By requesting a refund of my Defined Benefit (DB) Plan account(s), I understand that:

• I am refunding my entire DB Plan account(s) to myself, and if I have both a PERA benefit structure and DPS benefit structure account, it applies to both DB Plan accounts.
• Federal income tax will be deducted at a rate of 20 percent from the tax-deferred portion of my refund.
• There may be a 10 percent additional income tax for early distribution imposed by the IRS for refunding. (See "If I Don’t Do a Rollover, Will I Have to Pay the 10 Percent Additional Income Tax on Early Distributions?" on page 7.)

Member Certification
I have read all of the information provided in the Refund/Rollover Request booklet and I understand that by refunding my DB Plan account(s):

• I will forfeit any rights associated with my present DB Plan account(s), my right to any future benefits with PERA, and I am solely responsible for all taxes and consequences of my decision.
• My refund will be paid to me in the manner I requested, and I understand once it is paid, my refund cannot be reissued or returned to PERA.
• With my signature below, I wish to waive the 30-day waiting period the Internal Revenue Code affords me and I understand that this waiver does not guarantee my refund will be sent to me in less than 30 days. Note: Call PERA if you do not wish to waive this waiting period.
• I understand that my DB Plan account(s) will be refunded to me within 90 days of PERA receiving the necessary documentation, which includes any information from me and my former employer(s) to process my refund.

Sign Here
Member Signature ____________________________
Date ____________________________

Notary Public
Places for you to have this form notarized include your employer, bank, or at PERA

Have a notary public complete the certification below (required).

State of ____________________________ County of ____________________________
Acknowledged before me, this __________ day of ____________________________ 20 ______, by ____________________________
Witness my official hand and seal. Commission expires: ____________________________
Notary Public ____________________________

Form continued on reverse

8/3-refund (REV 4-15)
REFUND/ROLLOVER REQUEST—DEFINED BENEFIT (DB) PLANS/TERMINATION CERTIFICATION

To be completed and signed by payroll office.
Employer: Please return this form, which must be signed by a certifying official, promptly to PERA. If the employee has been off your PERA Contribution Report for more than 90 days (unless on a leave of absence), you do not need to complete this certification.

1. Specify the last date the member was or will be paid through (including contract payments and annual leave accrual paid in advance) or the last day of unpaid leave of absence, whichever is later

   month/day/year

2. Specify the final month the member will appear on your Contribution Report

   month/year

3. Specify the total member contributions (including adjustments) reported for the member on all Contribution Reports submitted for the final month

   $  

4. Has this member terminated employment?  Yes  No
   If yes, what is the termination date?

   month/day/year

Signature and Title of Certifying Official (Payroll Specialist)  Date

Employer Name (please print)  Employer Number  Telephone Number

Form continued on next page
Refund Request—Defined Benefit Plan (Page 3)
Colorado Public Employees’ Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • www.copera.org

Name ___________________________ SSN ___________________________

Social Security Card


• DO NOT SEND YOUR ORIGINAL SOCIAL SECURITY CARD.
• Your Social Security card must have your current name.
• If you do not have a copy of your Social Security card or need a new card, contact Social Security at 1-800-772-1213.

Extend transparent tape to edges of card. Do not staple or glue.

SAMPLE
**FINAL SIX MONTHS’ SALARY REPORT**

**PURPOSE**

The *Final Six Months’ Salary Report* ensures that a member’s account is complete and correct before PERA begins to make retiree payments.

**KEY POINTS**

» Please do not complete this form until you can accurately certify the final pay amounts.

» Termination Date is the date the employee/employer relationship ended. For employees receiving contract payouts, this should be the last day for which they received contract payouts.

» If an employee is on leave prior to retiring, please indicate the last day of leave actually used. If the employee is not on leave, this section does not need to be completed.

» Please indicate only the PERA-includable salary, not gross salary, in the Base Pay and Extra Pay columns.

» The Extra Pay column should include payments of overtime, shift differential, and vacation payouts.

» If an employee is receiving multiple types of extra pay, please explain in the comments section.

» Do not include sick leave converted to cash payments on this report.

**STARS LOCATION**

---

*Image of the STARS location page from the document.*
Final Six Months’ Salary Report submitted by employer

Is the Final Six Months’ Salary Report complete?

Yes

Final contributions received from employer

No

Employer is contacted to provide more information

Is the Retirement Application complete?

Yes

PERA calculates retirement benefit during the effective month of retirement

No

Final contributions received from employer

Do the contributions received match the information on the Final Six Months’ Salary Report?

Yes

Retirement is processed

No

Employer is contacted to provide more information

Is the Retirement Application complete?

No

Member is contacted to provide more information

Is the Final Six Months’ Salary Report complete?

No

Employer is contacted to provide more information

Do not complete until you can accurately certify the final pay
FINAL SIX MONTHS’ SALARY REPORT

Final Six Months’ Salary Report

This form lets you record a member’s anticipated salary and related information.

Member

SSN *

Name *

Job Title

Category

Member Employment

Termination Date *

Last Date Physically on the Job *

Paid-Through Date *

Final Six Months of Salary

Date [mm/dd/yyyy] Base Pay Extra Pay Member Contributions

Extra Pay Breakdown
If the final months of salary include any Extra Pay, please record the Extra Pay.

Number of Hours/Days of Payoff of Unused Vacation, Annual or Personal Leave

Sick Leave Used

Bi-weekly Pay

Three-pay Month(s) [mm/dd/yyyy]

Other Amount

Other Amount Comments

Employer

Comments

Phone Number *

Submit, Cancel
Member: Take this form to your employer’s personnel or payroll office for completion. Discuss with your employer any anticipated annual or sick leave you plan to take, overtime that you may incur, and other actions that may affect your final six months’ pay. Your employer will complete and send the Report to Colorado PERA once your final pay is known (this could be after you have stopped working.) Once this form is received, PERA will process your benefit, usually in the month your benefit is effective. If there is a delay, your first benefit will be retroactive to your effective date of retirement.

Employer: Please complete this form. Instructions are on the reverse.

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Member Employment**

- Last Day Physically on the Job: 
  - Month/Day/Year

- Termination Date: 
  - Month/Day/Year

- Paid-Through Date: 
  - Month/Day/Year

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

**Final Six Months of Salary**

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>PERA-Includable Salary Only</th>
<th>Member Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Base Pay</td>
<td>Extra Pay (if applicable)</td>
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</tbody>
</table>

**Extra Pay Breakdown**

- If the final six months of salary includes any Extra Pay, please itemize the Extra Pay:
  - Number of hours/days of payoff of unused vacation, annual or personal leave at $ __________ per __________ (hour/day)
  - Sick leave used
  - Indicate if bi-weekly, three-pay month(s)
  - Define any other amount

**Employer Certification**

- Comments: 
  - ____________________________________________________________
  - ____________________________________________________________
  - ____________________________________________________________

- Employer: 
  - ______________________________
  - Telephone Number: (__________)

- Form Completed By: 
  - ______________________________
  - Date: ________________________

8/301-salrp (REV 1-15)
DESIGNATION OF RETIREES WORKING AFTER RETIREMENT UNDER THE 140-DAY/916-HOUR LIMIT

PURPOSE
The Designation of Retirees Working After Retirement Under the 140-Day/916-Hour Limit form allows each employer in the School and Denver Public Schools (DPS) Divisions as well as higher education employers to designate up to 10 retirees who can work 140 days/916 hours (an additional 30 days or 196 hours over the normal working after retirement limits) in a calendar year.

KEY POINTS
» Designation is irrevocable for the calendar year.
» Designation must be made and received at PERA by December 31 of the year of designation.
» New designations must be made each year.
PERA's system is updated and process is complete

Employer sends Designation to PERA

PERA receives form and saves it to the employer’s file

Compliance Team reviews form

Are the designations valid?

Yes

Confirmation sent to the employer

Letter sent to retiree(s)

PERA’s system is updated and process is complete

No

Notice of invalid elections sent to the employer

Retirees cannot designate themselves
Each employer in the School Division and the DPS Division as well as each Higher Education employer may designate up to 10 retirees who can work 140 days/916 hours (an additional 30 days or 196 hours over the normal working after retirement limit of 110 days/720 hours) per year without a reduction in benefits. Higher Education employers may designate 10 retirees per principal campus. Employers must meet the requirements under C.R.S. § 24-51-1101(1.8), see reverse.

» In January of each year, file this form with PERA to designate up to 10 retirees whose working after retirement limit will be 140 days/916 hours. You do not have to designate all 10 retirees at once and your list may be updated throughout the year until you reach 10 retirees. All designations must be made during the calendar year in which they are applicable. Any designations made after the applicable calendar year has ended will not be recognized. You may not make substitutions. Once a retiree has been designated, the designation is irrevocable. If a designated retiree leaves employment, another retiree cannot replace the designated retiree.

» A designated retiree may work for more than one PERA employer during the calendar year. However, once a retiree reaches the working after retirement limit of 110 days/720 hours, that retiree may only work the remaining 30 days or 196 hours, without a reduction in benefits, for the employer that designated the retiree.

» Charter schools of a public school district in Colorado, including DPS, must coordinate the designation of any retirees allowed to work under the 140 days/916 hour limit with the school district; charter schools are not considered a separate employer for this purpose.

» If the retirees designated below do not meet the qualifications, PERA will notify the employer that the qualifications have not been met.

### Section 1: Retiree Information

<table>
<thead>
<tr>
<th>Retiree Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Position</th>
<th>Salary</th>
<th>SSN</th>
<th>Hourly</th>
<th>Monthly</th>
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<td>1. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>2. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
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<tr>
<td>3. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>4. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>5. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>6. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
<tr>
<td>7. Retiree Name</td>
<td>Last Name</td>
<td>First Name</td>
<td>MI</td>
<td>Position</td>
<td>Salary</td>
<td>SSN</td>
<td>Hourly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Continued on reverse
DESIGNATION OF RETIREES WORKING AFTER RETIREMENT UNDER THE 140-DAY/916-HOUR LIMIT

8. Retiree Name ____________________________________________________________________
   Last Name First Name MI              SSN ________________________________
   Position ________________________________________________________________
   Salary ___________________________ q Hourly q Monthly

9. Retiree Name ____________________________________________________________________
   Last Name First Name MI              SSN ________________________________
   Position ________________________________________________________________
   Salary ___________________________ q Hourly q Monthly

10. Retiree Name ____________________________________________________________________
    Last Name First Name MI              SSN ________________________________
    Position ________________________________________________________________
    Salary ___________________________ q Hourly q Monthly

Section 2: Employer Certification
I hereby certify that we meet the requirements of C.R.S. § 24-51-1101(1.8) 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.

Employer No. ___________________ Employer Name _______________________________________
Name of Certifying Official ___________________________ Phone Number ___________________________ Effective Year ___________________________
Signature of Certifying Official ___________________________________________________________ Date ___________________________

C.R.S. § 24-51-1101(1.8)
(1.8)(a) A service retiree who is hired by a state college or university or by an employer in the school or Denver public schools division of the association pursuant to paragraph (b) of this subsection (1.8) may receive salary without reduction in benefits if employment of more than four hours per day does not exceed one hundred forty days in the calendar year, if employment of four hours or less per day does not exceed nine hundred sixteen hours in the calendar year, or if employment consisting of a combination of daily and hourly employment does not exceed one hundred forty days per calendar year, and if the service retiree has not worked for any employer, as defined in section 24-51-101 (20), during the month of the effective date of retirement. A service retiree described in this paragraph (a) who works for any employer, as defined in section 24-51-101 (20), during the month of the effective date of retirement shall be subject to a reduction in benefits as provided in section 24-51-1102 (2).

(b) A state college or university or an employer in the school or Denver public schools division may hire up to ten service retirees in areas where the employer determines that there is a critical shortage of qualified candidates and that the service retiree has unique experience, skill, or qualifications that would benefit the employer. The employer shall notify the association upon hiring a service retiree pursuant to this subsection (1.8). A list of any and all service retirees employed by the employer shall be provided to the association at the start of each calendar year and shall be updated prior to any additional hires during the same calendar year.

(c) A state college or university or an employer in the school or Denver public schools division shall provide full payment of all employer contributions and all disbursements in accordance with part 4 of this article, and all working retiree contributions in accordance with part 11 of this article, on the salary paid to the service retiree described in paragraph (a) of this subsection (1.8).

(d) A service retiree who is employed pursuant to this subsection (1.8) shall not be required to resume membership. Upon termination of such retiree’s employment, there shall be no benefit calculation reflecting additional service credit or any increase in the highest average salary of such person.

(e) (I) For purposes of this subsection (1.8), “state college or university” means a postsecondary educational institution established and existing pursuant to section 5 of article VIII of the state constitution and title 23, C.R.S., and, for a postsecondary educational institution with more than one principal campus as specified in subparagraph (II) of this paragraph (e), the system administration of the postsecondary educational institution and each principal campus of the postsecondary educational institution.

   (II) As used in this paragraph (e), “principal campus” means:

      (A) Each campus of the university of Colorado as described in section 23-20-101, C.R.S.;
      (B) Each institution of the Colorado state university system established in sections 23-31-101 and 23-31.5-101, C.R.S., but not including the online university established in section 23-30-124, C.R.S.; and
      (C) Each college included in the state system of community and technical colleges as listed in section 23-60-205, C.R.S.
CONTACT INFORMATION

PERA has dedicated staff ready to assist employers. In addition, we have a variety of publications that provide information and assistance to employers. Publications can be ordered by contacting PERA or from PERA’s website (www.copera.org).

For questions about STARS or STARS training, please contact the Employer Relations team at 1-800-759-7372 ext. 3724, 303-863-3724, or employerrelations@copera.org.

Members and retirees should call the PERA Customer Service Center with questions about benefits or their accounts. The PERA Customer Service Center phone number is 1-800-759-7372 and is open Monday through Thursday, 7:00 a.m. to 5:30 p.m., and Friday, 7:00 a.m. to 4:30 p.m.

PERA EMPLOYER REPRESENTATIVES

PERA Employer Representatives (ERs) in PERA’s Benefit Services Division are assigned to assist employers with questions about our electronic contribution reporting system (STARS), salary, and membership. ERs also serve as your primary contact for questions about PERA.

PERA FIELD EDUCATION REPRESENTATIVES

PERA’s Field Education staff conduct a variety of informational meetings for members at various stages in their careers. A Field Education Representative can also set up information programs for your employees. Employers may request an on-site training meeting through their Field Education Representative—there is no charge for this service. This training may be conducted by Field Education Representatives, Employer Representatives, or both. If you feel such a meeting would be helpful, please contact your Field Education Representative.

PERAPLUS 401(K)/457 AND PERA DC PLANS

» Jeffrey Cable, Defined Contribution Manager
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» Neil Ikerd, Defined Contribution Analyst
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» Derek Dye, Compliance Manager
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» Jessica Campbell, Compliance Analyst
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» Janet Parkhurst, Compliance Analyst
   303-837-6237, jparkhurst@copera.org

» Aaron Taylor, Compliance Analyst
   303-398-7644, ataylor@copera.org

To find which PERA Employer Representative and Field Education Representative are assigned to your organization, use the “PERA Representative Search” on the “Employer Login” web page on www.copera.org. Simply choose your organization from the employer drop-down menu or search by employer number.
Visit PERA’s website at www.copera.org.

Call PERA’s Customer Service Center at 1-800-759-7372.

Visit the PERA offices at 1301 Pennsylvania Street in Denver or in Westminster at 1120 West 122nd Avenue.

Send mail to PERA at PO Box 5800 Denver, CO 80217-5800

Forms and publications can be found on the PERA website. Copies can also be requested by calling PERA’s Customer Service Center.