



Summer Eligibility 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 an unmarried student who is eligible for a Colorado PERA survivor benefit during the summer months. To be eligible, you must have completed the recently concluded term or semester on a full-time basis and you must attend full time during the term or semester immediately following the summer months. 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

» Will you attend the term or semester immediately following the summer months 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 may receive benefits during the summer months only if I was qualified to receive benefits just before and immediately after the summer vacation period based on my full-time enrollment. 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





Summer Eligibility Certification (continued)

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

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

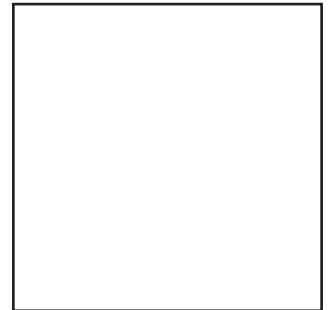
» If "No,"

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

» 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