



STARS Access Request

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

Employers should use this form to request a superuser's and/or staff member's access to Colorado PERA's Secure Transmission And Reporting System (STARS).

Employer Information

Employer _____

PERA Employer Number _____

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 _____

Level of Access

Superuser:

Each employer must designate a superuser. Employers may have more than one superuser. The superuser has access to all of the functions outlined below. Additionally, the superuser is responsible for completing the annual STARS access review.

–OR–

Payroll:

Contribution Reporting Dashboard—Allows the user to upload Contribution Reports (including PERA Defined Benefit [DB]/ Defined Contribution [DC], 401(k), and 457 Plan accounts) and set up ACH debits or wires 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.

Please check all types of Contribution Reports that apply to this user:

PERA DB/DC Plans PERAPlus 401(k) Plans PERAPlus 457 Plans

Employee Contribution History—Allows the user to enter an employee's Social Security number to view a history of the employer's contributions for that employee.

Online Forms—Allows the user to access, complete, and submit the following employer forms online:

- » *Certification of Leave of Absence*
- » *Critical Shortage Termination Certification*
- » *Death Notification/Salary Certification*
- » *Designation of Retirees Working After Retirement Under the 140-Day/916-Hour Limit*
- » *Designation of Retirees Working After Retirement in a Critical Shortage Position*
- » *Disability Retirement Employment Termination Certification*
- » *Explanation of Additional Pay*
- » *Employment Termination Certification by Former Payroll or Personnel Office*
- » *Final Six Months' Salary Report*
- » *Furlough Report Form*
- » *STARS Access Request*

SSN Verification—Allows the user to upload a list of Social Security numbers to PERA and download a report specifying:

- » Whether each Social Security number uploaded represents a PERA member, a PERA retiree, someone with no member record on file at PERA, or other status.
- » Whether the individual was a PERA member as of July 1, 2019, for purposes of determining if contributions are due on Section 125 and Section 132 deductions.
- » Whether the individual is PERAChoice eligible, or if the individual must participate in the DB or DC Plans. **(State and Local Government Division employers only.)**
- » Whether the individual has at least 12 months of service credit and has made a valid election to PERA or the ORP. The election date and plan are also included. **(ORP employers only.)**
- » Whether the individual was a PERA member as of January 1, 2020, for purposes of determining if the individual should be treated as a Safety Officer for PERA purposes. **(State and Local Government Division employers only.)**



STARS Access Request (continued)

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Level of Access (Continued)

Insurance:

- PERACare Register*—Allows the user to view the PERACare register information online (if the employer offers PERACare to its employees as an employer-sponsored health plan).
- PERACare Reports*—Allows the user to view PERACare reports online (if the employer offers PERACare to its employees as an employer-sponsored health plan).

Audit/Compliance:

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

Governmental Accounting Standards Board (GASB) Reporting:

- Reporting*—Allows the user to view educational materials, financial schedules, and other items to assist PERA employers with the GASB requirements for pensions and other postemployment benefits (OPEB) in their financial statements.

Agency Communication:

- Agency Communication File Transfer*—Allows the user to upload and download agency communication files, including member enrollment and member termination files.
- Issue Tracker*—Allows the user to view and work with secure files utilizing PERA's Issue Tracker program.
- Retirement Plan Choice File Transfer*—Allows the user to upload retirement plan choice (PERAChoice) files. **(State and Local Government Divisions only.)**

Employer Signature

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 if the staff member(s) fraudulently uses access to our company's information and STARS to commit any illegal act.

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

Print Name _____ Title _____

Telephone Number (_____) _____

Email Address _____

Sign Here →

Signature _____ **Date** _____

Month/Day/Year

PLEASE NOTE: An individual cannot sign this form to authorize themselves for STARS access.