



PERAPlus 457 Participant Information Form

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



Welcome to Colorado PERA's PERAPlus 457 Plan.

You are eligible to participate in the PERAPlus 457 Plan if you work for an employer affiliated with the PERAPlus 457 Plan, even if you are not in a PERA-covered position. Independent contractors are not eligible to participate in the PERAPlus 457 Plan.

After PERA receives this completed *PERAPlus 457 Plan Participant Information Form*, log on to coperaplus.org.

To change information:

- » If you have changed your name, PERA employers, or address, please complete this form and send it to PERA.
- » If you would like to change your address only, log on to PERA's website at www.copera.org and click on the "Contact Us" button or call PERA's Customer Service Center at 1-800-759-7372 and speak to a Customer Service Representative.
- » If you would like to change your beneficiary, complete and return the *457 Beneficiary Designation Form*. You can obtain the form online at coperaplus.org or by calling 833-4-COPERA.

Type or print in black ink and sign below. Please do not send photocopies of this form or staple, tape, or glue items to it. Complete and send the form to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA. **Do not complete this form if you are a PERA member or retiree.**

Participant SSN

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Participant Information

Participant _____
Last Name First Name Middle Name Former Name

Birthdate _____ Sex: Male Female Unspecified
Month/Day/Year

Home Telephone (____) _____ Work Telephone (____) _____

Mailing Address _____
Street City State ZIP Code

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Sign Here →

Participant Signature _____ Date _____

Employer Information

To be completed by employer

Note: Independent contractors are not eligible to participate in the PERAPlus 457 Plan.

Employer No. _____ Employer Name _____

Date _____

Starting Salary _____ Job Title _____ Date Employed _____

