



**PERAPlus 401(k) 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



You are eligible to participate in the PERAPlus 401(k) Plan if you work for a PERA employer, even if you are not in a PERA-covered position. Independent contractors are not eligible to participate in the PERAPlus 401(k) Plan. **Do not complete this form if you are a PERA member or retiree.**

After PERA receives this completed *PERAPlus 401(k) Participant Information Form*, we will send you a PERA Personal Identification Number (PIN). You will use your PIN to create a user security profile including a User ID and password on [www.copera.org](http://www.copera.org). You will use your User ID and password to access your PERAPlus 401(k) Plan account through PERA's website. Retain your PIN to access account information when calling the Plan at 1-800-759-7372 (select the PERAPlus option).

**To change information:**

- » If you have changed your name, changed PERA employers, or want to change your address, complete this form and send it to PERA.
- » If you would like to change your address only, go to [www.copera.org](http://www.copera.org) and log on to your account with your User ID and password. Then, select "Update Contact Information" from the "My Profile" menu. Or, call PERA's Customer Service Center at 1-800-759-7372.
- » If you would like to change your beneficiary, complete and return a *401(k) Beneficiary Designation Form* (available on PERA's website) or change your beneficiary on the Plan website, accessible through [www.copera.org](http://www.copera.org).

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.

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**Participant Information**

Participant Name \_\_\_\_\_  
Last                      First                      MI                      Former Name

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

Mailing Address \_\_\_\_\_  
Street, Route, or Box Number, and Apt. Number                      City                      State                      ZIP Code

Home Telephone (    ) \_\_\_\_\_      Work Telephone (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?     Yes     No

**Sign Here → Participant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Employer Information**

Note: Independent contractors are not eligible to participate in the PERAPlus 401(k) Plan.

*To be completed by employer*

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_

Date \_\_\_\_\_ Starting Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_