

Member Information Form— DEFINED BENEFIT PLAN(S)

To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a PERA employer, you may or may not pay Social Security tax depending on whether your employer contributes to both PERA and Social Security. PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of the form, PERA will establish a Defined Benefit (DB) Plan account for you and mail you a membership packet that explains your PERA benefits:

- » You will contribute 8 percent of your salary to your DB Plan account through payroll deduction. If you are a State Trooper, you will contribute 10 percent. PERA will pay interest on your DB Plan account. The interest rate is determined by the PERA Board of Trustees and is subject to change annually. See the PERA website for the current rate or call PERA's Customer Service Center at 1-800-759-7372.
- » Your PERA contributions are tax-deferred and are not subject to federal or state income tax until you refund your DB Plan account or receive a monthly benefit at retirement. Your contributions and interest will always be returned to you, either in the form of a rollover/refund or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- » Monthly benefits to your qualified survivors if you die after earning one year of service credit. If you have a Denver Public Schools (DPS) benefit structure DB Plan account, eligibility for survivor benefits is different. See the *Survivor Benefits* booklet for more information.
- » Disability coverage if you leave PERA-covered employment because of a disability after you have five years of earned service credit.
- » A voluntary life insurance program in which you may participate immediately.

- » Voluntary retirement savings plans such as the PERAPlus 401(k) Plan and the PERAPlus 457 Plan (if your employer participates). For more information about the PERAPlus Plans, see PERA's website at www.copera.org or call PERA's Customer Service Center at 1-800-759-7372.
- » The option to purchase service credit based on a refunded/rolled over DB Plan account or for employment not covered by PERA or another retirement program when you have one year of earned service credit. See the *Purchasing Service Credit* booklet for more information.

When you end PERA employment, you may leave your DB Plan account with PERA and draw a benefit when you are retirement eligible. Your account will continue to earn interest. If you return to PERA employment at a later date, your DB Plan account will be ready to accept additional contributions and you will build additional service credit. If you leave your DB Plan account at PERA, be sure to keep us informed of your address to prevent your DB Plan account from being transferred to the State's Unclaimed Property Fund.

Again, welcome to PERA! We will strive to inform you about your PERA benefits by sending you the PERA *Member Report* newsletter three times per year, a statement of your DB Plan account annually after your first year of membership, and other information.

- ▶ For up-to-date information about your retirement plan, the most recent version of the *Your PERA Benefits* booklet is available on the "About" page of PERA's website at www.copera.org. You can read it online or request a hard copy be mailed to you.



Member Information Form—Defined Benefit Plan(s) Instructions

Please read all of the following information before completing the form on pages 3 and 4:

Note: If you are a retiree who is currently receiving a monthly benefit, do not complete this form. PERA will not update your account based on this form. Please complete a *Retiree Named Beneficiary Change Form* and return it to PERA. In addition, if you are returning to work for a PERA employer, please complete and return the *Retiree Working for a PERA Employer* form, which can be found in the *Working After Retirement* booklet.

- » Type or print in black ink and sign the form. Please do not send photocopies of the form or staple, tape, or glue items to it.
 - » If you are a new member, give the form to your personnel office to send to PERA.
 - » If you are changing information already on file with PERA, 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.
 - » As a result of the merger between PERA and the Denver Public Schools Retirement System (DPSRS), you may have two DB Plan accounts with PERA—one under the PERA benefit structure and one under the DPS benefit structure. If you have two DB Plan accounts, changes under the Member Information section will be made to both DB Plan accounts (if applicable).
 - » If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete the form and send it to PERA. PERA requires a new copy of your signed Social Security card only if you have changed your name since sending in your initial copy.
 - » If you need to list additional named beneficiaries, complete the Additional Named Beneficiaries section on page 4. Be sure to also sign page 4 or your beneficiaries will not be added/changed. If you need to add more beneficiaries than space allows on page 4, please attach a separate sheet with the type of beneficiary (primary or contingent), name(s), relationships, Social Security numbers, birthdates, addresses, and your signature. This page must be signed or your beneficiaries will not be added/changed.
- If you complete any beneficiary information on the form and submit the form to PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on the form or on a separate list submitted with the form.
- » If you would like to change your address only, go to PERA's website (www.copera.org) and log in to your account using your User ID and password. You may change your address by clicking on "Is Your Information Current?" You may also call PERA's Customer Service Center at 1-800-759-7372.
 - » If you need to change information on your PERA-sponsored life insurance, PERAPlus 401(k) or 457 Plan, or PERA DC Plan, see the information at right.

Named Beneficiary Information

If you have a DB Plan account in both the PERA and DPS benefit structures, use the check boxes on the form to indicate if your requested beneficiary changes apply to one or both of your DB Plan accounts. If you do not check a box, the beneficiary changes will be made to both DB Plan accounts (if applicable). No law will apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage.

Beneficiary definitions:

- » Primary Beneficiary—beneficiary to receive payment. If you have more than one primary beneficiary, payment will be divided equally among all primary beneficiaries.
- » Contingent Beneficiary—person to receive payment if your primary beneficiary(ies) is deceased. If you list more than one contingent beneficiary, payment will be divided equally among them.

Survivor Benefit Information

If you have more than one year of service under the PERA benefit structure or more than five years under the DPS benefit structure, state law specifies who receives monthly benefits after you die. Survivor benefits are different under the PERA and DPS benefit structure DB Plan accounts; see the *Survivor Benefits* booklet for detailed information.

Changing PERA Life Insurance, PERAPlus 401(k) and 457 Plans, or PERA DC Plan Information

- » If you are enrolled in PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or go to PERA's website (www.copera.org) and log in to your account using your User ID and password and select "Life Insurance" under the "Benefit Programs" menu.
- » If you have a PERAPlus 401(k)/457 Plan, or PERA DC Plan account, and need to change your name, address, or phone number, complete the *PERA Account(s) Address Change Form*. If you need to make beneficiary changes to your PERAPlus 401(k)/457 Plan, or PERA DC Plan, complete the respective *401(k)*, *457*, or *PERA DC Plan Beneficiary Designation Form*. You can obtain the forms online at www.copera.org or by calling 1-800-759-7372 and selecting the PERAPlus/DC Plan option. You can also make beneficiary changes by logging into your account using your User ID and password and clicking "PERAPlus 401(k) Account Access," "PERAPlus 457 Account Access," or "PERA DC Plan Access." Once you are in your account, select "Add/Edit Beneficiary" from the "Personal Information" menu.
- » If you have a PERAPlus 401(k) Plan account and are transferring from or are currently employed by another PERA employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer. If you have a PERAPlus 457 Plan and need to add or change employers, log in to your PERA account and select "457 Account Access" under "Benefit Programs."



Member Information Form—Defined Benefit Plan(s)

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



Member SSN

_____|_____|_____| _____|_____| _____|_____|_____|_____|

Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures. If you are a retiree who is currently receiving a monthly benefit and would like to change your beneficiary, **do not** complete this form. Please complete the *Retiree Named Beneficiary Change Form* and return it to PERA.

Member Information

I am: A New Member Changing PERA Information (Complete any information you are changing and sign.)

Name _____
Last First MI Former Name

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

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

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

Email Address _____

Sign up for electronic delivery of PERA information? Yes No

Spouse's Name _____
Last First MI

Spouse's Birthdate ____/____/____ Spouse through: Marriage Civil Union
Month/Day/Year

Named Beneficiary

Primary and Contingent Named Beneficiary of Your Colorado PERA DB Plan Account(s)

If you have additional Named Beneficiaries, complete the Additional Named Beneficiaries section on page 4.

Changes apply to: PERA Benefit Structure DB Plan Account DPS Benefit Structure DB Plan Account
 Apply to Both DB Plan Accounts

Note: If you do not check a box, the beneficiary changes will be made to both DB Plan accounts, if applicable.

Primary Beneficiary:

_____/_____/_____
Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Contingent Beneficiary:

_____/_____/_____
Name Relationship SSN Birthdate

Street, Route, or Box Number, and Apt. Number City State ZIP Code

Sign Here → Member Signature _____ Date _____

To Be Completed by Employer

For new employees only

Employer No. _____ Employer Name _____

Date _____ Starting Salary _____

Job Title _____ Date Employed _____



Member Information Form—Defined Benefit Plan(s) (continued)

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Your Name _____ Your SSN _____

Additional Named Beneficiaries

Complete this section only if you have additional Primary and Contingent Named Beneficiaries.

Primary Beneficiary(ies):

See page 2 for primary and contingent named beneficiary definitions

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Contingent Beneficiary(ies):

Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code
Name	Relationship	SSN	Birthdate
Street, Route, or Box Number, and Apt. Number	City	State	ZIP Code

Sign Here → Member Signature _____ Date _____

(If including additional named beneficiaries above)