



# PERAPlus 457 Participant Information Form

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
303-832-9550 • 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



## Welcome to the Colorado Public Employees' Retirement Association's (PERA) 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*, 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 457 Plan account through PERA's Web site. 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, PERA employers, or address, please complete this form and send it to PERA.
- If you would like to change your address only, you may log on to the PERA Web site at [www.copera.org](http://www.copera.org) and click on the "Contact Us" button or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a PERA 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 [www.copera.org](http://www.copera.org) or by calling 1-800-759-7372 and selecting the PERAPlus option.

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.**

SSN

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### Participant Information

Participant \_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Former Name

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

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

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

E-mail 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 457 Plan.

*To be completed  
by employer*

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

Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

