

# HUMAN RESOURCE SERVICES MANUAL

## SECTION 11: FORMS AND RELATED INSTRUCTIONS - GENERAL

8324403

**Member Information Form**  
 Colorado Public Employees' Retirement Association  
 PO Box 5800, Denver, Colorado 80217-5800  
 303-832-9550 or 1-800-759-PERA (7372)  
 www.copera.org



Read the reverse side before completing this form. Please provide complete information. Type or print in black ink, and sign below. If you are a new member, give the form to your personnel office to send to PERA. If you are changing information PERA has on file, send it directly to PERA, and give a copy to your employer. You may call or e-mail PERA to change your address. Do not complete this form if you are a PERA retiree receiving a PERA benefit and planning to work less than 110 days or 720 hours per calendar year. Please do not send photocopies of this form or staple, tape, or glue items to it. Changes made on this form take effect upon receipt of completed form at PERA.

SSN

□ □ □ - □ □ - □ □ □ □

**Member Information—to be completed by you.**

New Member     Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member \_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Former Name

Birthdate \_\_\_\_\_ Sex:  Male     Female    Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_  
 Month/Day/Year

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

Spouse \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Month/Day/Year



**Named Beneficiary of 401(k) Account:** If you die and no monthly benefits are payable, a lump-sum payment will be made to your named beneficiary(ies) or contingent beneficiary if your named beneficiary predeceases you. If none are designated or your named beneficiaries and contingent beneficiary are deceased, payment will be made to your estate. For additional beneficiaries, enclose a list of their names, relationships, Social Security numbers, birthdates, and addresses. **Sign and date any list you enclose.** If you are making changes to your beneficiaries and you leave either beneficiary section blank, previous beneficiaries in those areas will remain. **If you have more than one year of service, state law specifies who receives monthly benefits after you die.** See the *Survivor Benefits* brochure. To change beneficiaries for PERA-sponsored life insurance or a PERA 401(k) account, call PERA for a form or order from the PERA Web site.

Primary Beneficiary: If you list more than one beneficiary, payment will be divided evenly among them.

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

Contingent Beneficiary (person to receive payment if your primary beneficiary(ies) is deceased): If you list more than one beneficiary, payment will be divided evenly among them.

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

- If you are enrolled in PERA's Life Insurance Program and you are transferring from or are currently employed by another PERA-affiliated employer, please notify your new employer to deduct your life insurance premium.
- If you are currently enrolled in PERA's 401(k) Plan and are actively contributing, please notify your new employer's payroll office so that contributions may continue through your new employer.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY \*\*\*\*\*

Starting Salary \_\_\_\_\_ Job Title \_\_\_\_\_ Employer No. \_\_\_\_\_  
 Date Employed \_\_\_\_\_

Employer Signature \_\_\_\_\_ Employer Name \_\_\_\_\_ Date \_\_\_\_\_

8/324-mbrinfo (REV 04-03)

To access the PERA Member Information Form, please visit [www.copera.org](http://www.copera.org)