

PERA Retiree Returning to Work for a PERA Employer



Colorado Public Employees' Retirement Association
PO Box 5800 • Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-7372 • www.copera.org

Please complete this form if you are a PERA retiree returning to work for a PERA employer. After completing this form, please send a copy to PERA and submit the original to your employer, who will determine if PERA member contributions are required on your behalf. This form is intended only to determine whether employer and member contributions are due to PERA. For information on working after retirement, see the *Working After Retirement* booklet.

Name _____
Last Name First Name Middle Name

Address _____
Street, Route or Box Number City State ZIP Code

SSN _____ Birthdate _____ Home Telephone () _____

Please check the paragraph below that applies to you:

- I am a PERA retiree and currently receiving a PERA monthly retirement benefit. I am returning to work for the PERA employer listed below and I am aware of the Colorado PERA rule that restricts me from working more than 720-hours/110-days per calendar year. I understand it is my responsibility to keep track of my time worked, so that I do not exceed this limit. If I work more than 110 days or 720 hours in a calendar year, I understand one month's benefit will be reduced by 5 percent for each additional day worked and a reduction of more than 100 percent of my benefit will be carried forward to reduce a future month's benefit. I also understand I am exempt from having PERA member contributions deducted from my pay and I do not need to complete a PERA *Member Information Form*. If I need more information about PERA and the working after retirement rules, I will contact PERA at 303-832-9550 or 1-800-759-7372.
- I am a PERA retiree currently receiving a PERA monthly retirement benefit and I am serving in a state elected official's position. I understand that the salary I earn shall not be subject to employer contributions and I am exempt from having PERA member contributions deducted from my pay.
- I have retired from a PERA employer but I am not currently receiving a PERA monthly retirement benefit. I am returning to work for the PERA employer listed below. I understand I must complete a PERA *Member Information Form* and PERA member contributions will be deducted from my pay.
- I have retired from a PERA employer and refunded my PERA account. I am returning to work for the PERA employer listed below and I understand I must complete a PERA *Member Information Form* and PERA member contributions will be deducted from my pay.

Signature _____ Date _____

To be Completed by PERA Employer

Employer Name _____ Employer Number _____

Address _____

Phone Number () _____ Date Employment Began _____