



**COLORADO SCHOOL OF MINES  
RETIREMENT PLAN ELECTION FORM  
ACADEMIC, ADMINISTRATIVE, and RESEARCH FACULTY  
30 Day Election Period**

Name:		Social Security #:
Date of Birth	Gender:	Daytime Phone:
Mailing Address:		
PERA Retiree: <input type="checkbox"/> Yes <input type="checkbox"/> No		

As a condition of employment, you must participate in either the Mines Defined Contribution Plan (MDCP) or in the Colorado Public Employees Retirement Association Plan (PERA). To elect PERA as your retirement plan, you must be an active PERA member, an inactive PERA member, or a PERA retiree with at least 12 months of PERA service credit. If you have worked at another Colorado Higher Education Institution which offered an optional retirement plan and you made an irrevocable plan choice, that choice will remain in effect at the School of Mines. PERA retirees, however, may make a new plan selection upon rehire. **Failure to return this form within 30 days of your date of hire or eligibility will eliminate any option to select PERA (if eligible), and you will be enrolled in the MDCP.**

RETIREMENT PLAN ELECTION
<input type="checkbox"/> <b>Mines Defined Contribution Plan (MDCP)</b> I elect to enroll in the MDCP. Go to <a href="http://www.valic.com">www.valic.com</a> and click on Enroll Now. Use the code <b>42465002</b>
<b>Elect the Disposition of your PERA Account</b>
<input type="checkbox"/> <b>I do not have a PERA account or I am a PERA Retiree</b>
<input type="checkbox"/> <b>I have a PERA account, and I elect the following option:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Terminate my PERA membership and authorize PERA to transfer all <u>member</u> contributions and interest earned to the MDCP. <i>By electing this option, I understand that I am waiving all future PERA benefits associated with this account.</i></li> <li><input type="checkbox"/> Terminate future contributions to PERA but maintain my existing account with PERA. <i>This option is available only to individuals who have at least 12 months of PERA credited service. Member accounts with less than 12 months of PERA credited service will automatically be transferred to the MDCP.</i></li> </ul>
<input type="checkbox"/> <b>Public Employees' Retirement Association (PERA)</b> I elect participation in PERA. I certify that I have at least 12 months of PERA credited service credit as an active member, an inactive member, or a retiree. I understand that PERA, not the School of Mines, determines my eligibility for PERA membership. If PERA deems that I am not eligible, I will be enrolled in the MDCP.

I understand and acknowledge that:

- All of the information in this form is true and accurate
- My retirement plan election (MDCP or PERA) indicated above is irrevocable for the duration of this appointment at the School of Mines, and unless I am a PERA retiree, will apply to any future appointment at the School of Mines or at any other Colorado Institution of Higher Education offering an Optional Retirement Plan.
- If my form is received after the payroll deadline (10<sup>th</sup> of the month), my deductions may be taken the following month.

Please contact PERA Customer Service at 1-800-759-7372 with any PERA related eligibility or benefits questions.

Signature:	Date:
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PERA Verification  Yes  No per \_\_\_\_\_ PERA Date: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_

# Retiree Working for a PERA Employer

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



Complete this form if you are a retiree returning to work for a Colorado PERA employer. If you return to work for more than one employer, complete this form for each employer. **After completing this form, please send a copy to PERA and submit the original to your employer, who will determine if PERA contributions are required on your behalf.** This form is intended only to determine whether employer, member, and working retiree contributions are due to PERA.

To be Completed by Retiree

Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street City State ZIP Code

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_  
Month/Day/Year

Telephone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?  Yes  No

Employer Name \_\_\_\_\_

Please check the paragraph below that applies to you:

I am a retiree and I currently receive a PERA monthly retirement benefit. I am returning to work for the PERA employer listed (above and below) and I am aware of the working after retirement limits. I understand it is my responsibility to keep track of my time worked, and if I exceed the limits in a calendar year I must submit a completed *Post-Retirement Work Report*. I am aware that 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 working retiree contributions will be deducted from my pay (unless I work in a position covered by an ORP, pursuant to C.R.S. § 24-54.5-101, *et seq.*).

I am a retiree receiving a PERA monthly retirement benefit and I am performing services as an independent contractor. I understand that I must submit a *Disclosure of Compensation* form to PERA and the PERA employer every month that I perform services if the wages paid to me or my company through an agreement with the PERA employer are reported for tax purposes under a tax identification number. I am aware that the associated working retiree contributions will be deducted from a future PERA monthly benefit, and that if the working retiree contributions exceed the amount of my benefit, the excess must be paid directly to PERA within 30 days after receipt of the benefit to which the offset was made.

My company name \_\_\_\_\_

My company Tax Identification Number (TIN):   -

I have retired from a PERA employer and I refunded my PERA member contribution account in lieu of a monthly retirement benefit. I am returning to work for the PERA employer listed (above and below.) I understand I must complete a *Member Information Form—Defined Benefit Plan(s)* and that the salary I earn will be subject to employer contributions and PERA member contributions will be deducted from my pay.

Sign Here → Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

To be Completed by Employer

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

Employer Telephone Number ( ) \_\_\_\_\_ Date Employment Began \_\_\_\_\_  
Month/Day/Year

Retiree's Job Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  Hourly  Monthly

Contract  Yes  No Contract Period \_\_\_\_\_  
Month/Year to Month/Year

Name of Certifying Official \_\_\_\_\_

Sign Here → Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year



# 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

Complete this section to list the primary and contingent named beneficiary(ies) of your PERA DB Plan account(s).

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

Beneficiary for:  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 designation 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

#### Primary Beneficiary(ies):

Complete this section only if you have additional primary and contingent named beneficiaries.

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)