

# Retiree Working for a PERA Employer

Colorado Public Employees' Retirement Association  
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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