



# 401(k) Contribution Authorization Form

1-800-759-7372  
www.copera.org

DO NOT SEND THIS FORM TO ING OR PERA

Deliver this form to your payroll office; make copies for any other employers who will be deducting 401(k) contributions.

PARTICIPANT INFORMATION			
Participant Name		Social Security Number	
Home Address	City	State	ZIP Code
Work Telephone Number (     )			

I request a PERA 401(k) Plan monthly contribution of either \_\_\_\_\_% or \$\_\_\_\_\_ to be deducted from my pay.

This amount must not exceed the lesser of 100 percent of IRS test compensation or the annual IRS limit (see page 6), plus any allowed catch-up contribution.

AUTHORIZATION	
Signature of Participant	Date

All members working in PERA-covered positions, as well as retirees who have returned to work for PERA-affiliated employers, are immediately eligible to join the Plan. Employees of PERA-affiliated employers who are not in a PERA-covered position or employees already contributing to the State's DC Plan are NOT eligible to participate in the Colorado PERA 401(k) Plan. There are no minimum service requirements to fulfill.